

ICMS User Orientation Training

Infocomm Competency Management System (ICMS)

SECTION E: CLAIM APPLICATION [SPONSORING ORGANISATIONS]

Jan 2018



Confidential

- 1) Create New Claim Application
- 2) Approve Claim Application
- 3) Search/View Claim Application



Log In to ICMS Website: https://eservice.imda.gov.sg/icms



Note:

For Organisation, co-existence of SingPass or CorpPass login is available till end of 2017. After which, CorpPass login is required.

SO AO Login to ICMS to Create New Claim Application

		Integrity · Service · Excellence
in	focommetency management	Contact Feedback Sitemap
Comp	outer Science Organisation , Sponsoring Organisation Administrative Officer	Welcome, Aida
YOUR	USER ROLES	
	Name of Organisation : Computer Science Organisation	
S/N	ROLE	
1.	Course Provider Administrative Officer(CP AD)	
2.	Course Provider Approving Authority(CP AA) Action:	
з.	Sponsoring Organisation Administrative Officer(SO AO) Select SO	O A O
4.	Sponsoring Organisation Approving Authority(SO AA)	
	Back Logout	

This screen is skipped if the registered user has only 1 role in ICMS

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Claim Application Home Page

Note:

With effect from <u>1 Aug 2017</u>, please ensure that the bank account details are provided in the <u>Organisation</u> <u>Account</u> before submitting a new claim application. The approved claim amount will be made directly into the bank account as stated in the Organisation Account.

INBOX	CLAIM APPLICATION SEARCH
MENU	For claim submission, please ensure that the bank account details are provided in the Individual Account before submitting a new claim application. The approved claim amount will be made directly into the bank account as stated in the Individual Account
Trainee Enrolment Grant Application Claim Application	Claim ID : Programme Name :Select Course Provider :
Organisation Account	Course/Certification Title : Course/Certification Start Date From : SO AA/IND Submission Date From : Image: Course of the term in the term in the term in
	IMDA AO Approval Date From : (dd/mm/yyyy) To (dd/mm/yyyy) Status : - Select Show Only Pending Items :
	Search New Application Action: Click 'New Application'

ICMS Claim Applicatio	on : Sponsoring Organisations
• Fill up Necessary Details	 Action 1: Select relevant Program Name from drop- down list The Programme Name is the programme that the trainee is enrolled by the training provider. Please check with the training provider if you are unsure which programme Name to select.
Please fill in the following information. Fields marked * must	be completed.
Programme Name * : -	Select
Total No. of Trainees to be submitted for Claim Application * :	(Maximum 10) Action 2:
Please pre-select the values (at least 1) here if you are submi	itting multiple Claims for the same course. Enter the no. of trainees
Course Provider : Course/Certification Title :	Select 🗸
	Cancel Go
Action 3: Select Course Provi Course/Certification	ider and n Title

Verification of Sponsoring Organisation Information

SPONSORING ORGANISATION									
Application Category :	Organisation-Sponsored								
Name of Organisation :									
Mailing Address :	Main Site 🗸								
	BLOCK/ HOUSE NO.	STR	EET NAME	LEVEL N	O UNIT NO.	BUILDING NAME	COUN	ITRY	POSTAL CODE
	750A	Chai	Chee Road				Singa	pore	469001
Contact Information	ASSIGNMENT OF RO	DLE	NA	ME	DESIGNATION	TELEPHONE NO.	MOBILE NO.	EMAIL	ADDRESS
	Sponsoring Organisation	n (AO)			HR Executive				
	Sponsoring Organisatio	n (AA)	testy	×	Manager			testy@1	-net.com.sg



• Enter the information for the trainee

INBOX	TRAINEE 1 Remove			
MENU	Please ensure correct bank account details are provi	ded. For update of bank account details, plea	ase go to the	Organisation Account to update the information. As the approved claim amount will be made via
Trainee Enrolment	interbank GIRO transfer, please upload the complete	d Direct Credit Authorisation (DCA) form ava	ailable at http	ps://eservice.imda.gov.sg/icms.
Grant Application	Name of Trainee (as in NRIC) * :	Select		
Claim Application	Trainee's NRIC No. :			
User Account Administration	Telephone No. :			
Organisation Account	Email Address :		Α (ation:
LOG OUT	Date of Birth:			Please ensure correct bank account
	Bank Name:	Citibank NA	ŕ	details are provided. For update of
	Account Number:	21424422f		bank account details, go to
	Profession:			Organisation Account
	Citizenship * :	O Singapore Citizen	≻	As the approved claim amount will
		O Singapore Permanent Residen		be made via interbank GIRO transfer,
	Gender * :	O Male		please upload the completed Direct
		○ Female		Credit Authorisation (DCA) form
	Highest Education Qualification * :	Select		available at
	Employment Status * :	Employed		https://eservice.imda.gov.sg/icms
	Current Salary Range (Monthly) * :	Select		
	Occupation Group * :	Select		
	Occupation Title * :	Select		
	Type of Organisation :			

• Fill in Claim Application Details

COURSE/CERTIFICATION INFORMATION FOR CLAIM APPLIC	CATION	
Actual Start Date • :	06/03/2017 (dd/mm/yyyy)	
Actual End Date • :	10/03/2017 (dd/mm/yyyy)	
Actual Funding Support Type :	Course and Exam Fees	Action:
Total Actual Course Fees • :	S\$ 200.00	Fill in the relevant
Total Actual Exam Fees • :	S\$ 200.00	Details
Total Actual Course and Exam Fees :	S\$ 400.00	
Total Claim Amount for Course and Exam Fees :	S\$ 40.00	
Mode of Delivery :	Instructor-Led Training (ILT)	
	INSTRUCTOR-LED TRAINING (ILT)	
	Mod	e of Training : Full-time
	Tota	al Duration • : 5.0 Days
Total Claim Amount for Absentee Payroll :	\$\$ 0.00	
Total Claim Amount :	S\$ 40.00	

• Uploading of Supporting Documents



NOTE: You may submit the documents to IMDA by mail or email to <u>citrep@imda.gov.sg</u> if you have not uploaded the required supporting documents in ICMS.

Infocomm Competency Management System (ICMS)

Acknowledgement Page



 An email will be sent to the trainee to complete a survey. The email is also copied to the Sponsoring Organisation's AO/AA.

Trainee need to complete the survey before the Sponsoring Organisation's AA can approve the claim application in ICMS.

Dear Trainee,

Thank you for your enrolment for CITREP Programme.

Enrolment Reference No.: Course Provider: Course/Certification title:

We hope that you have benefited in the training programme. It is important for us to hear from you.

All responses will be held confidential.

Please click here to start the survey.

Note: The estimated time taken to complete this survey is 5 minutes. If you do not complete the survey, your organisation will not be able to proceed with the claim application submission in ICMS.

If you require any assistance, please email to: CITREP@imda.gov.sg

Thank you.

Yours sincerely, Programme Administrator, Incentive Management Division (IMD) Info-communications Media Development Authority

Sample email



SO AA Login to ICMS to Approve New Claim Application

		Integrity • Service • Excellence
in	focompetency monogement	Contact Feedback Sitemap
Comp	uter Science Organisation , Sponsoring Organisation Administrative Officer	Welcome, Aida
YOUR	USER ROLES	
	Name of Organisation : Computer Science Organisation	
S/N	ROLE	
1.	Course Provider Administrative Officer(CP AO)	
2.	Course Provider Approving Authority(CP AA)	
з.	Sponsoring Organisation Administrative Officer(SO AD) Action:	
4.	Sponsoring Organisation Approving Authority(SO AA) Select SO AA	
	Back Logout	

This screen is skipped if the registered user has only 1 role in ICMS

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Approve Claim Application



Approve Claim Application

Home >> Claim Application	
CLAIM APPLICATION SEARCH	
Claim ID :	10705
Trainee Name :	
Trainees NRIC No. :	
Programme Name :	CITREP II: Critical Infocomm Technology Resource Programme (1 April 2015 - 31 March 2016)
Course Provider :	
Course/Certification Title :	
Course/Certification Start Date From :	(dd/mm/yyyy) To
SO AA/IND Submission Date From :	3000 12 (dd/mm/yyyy) 12 (dd/mm/yyyy)
IDA AO Approval Date From :	mm mm <thm< th=""> m mm mm</thm<>
Status :	Select 🔽
Show Only Pending Items :	
	n se anna a stair an

1. CITREPII/FY15/CL/201604/010705 Test S3393706G CITREP II: Critical Infocomm Technology Resource 210.50 Pending Approva Approva	
Programme (1 April 2015 - 31 March 2016) (SO AA) New	View History



Review Application Details

	Mode of Training : Part-ti Total Duration : 60.0 [ime Days
Actual Start Date :	04/11/2015 (dd/mm/www)	
Actual Ead Date :	20/12/2015 (dd/mm/111)	
Actual End Date :	30/12/2013 (dd/mm/yyyy)	
Actual Funding Support Type :	Course and Exam Fees	
Total Actual Course Fees :	\$\$ 1,000.00	
Total Actual Exam Fees :	S\$ 100.00	
Total Course and Exam Fees :	S\$ 1,100.00	
Total Claim Amount for Course and Exam Fees :	S\$ 0.00	
Mode of Delivery :	Instructor-Led Training (ILT)	Action:
	INSTRUCTOR-LED TRAINING (ILT)	Review the Application
	Mode of Training : Part- Total Duration : 15.0	Details Click Sond back
Total Claim Amount for Absentee Payroll :	s\$ 0.00	for AO to make
Total Claim Amount :	S\$ 0.00	amendments if
APPROVAL BY SO AA		necessary.
Remarks :	Remark	
	Action: Click Approve	
	Cancel Approve Reject Ser	nd Back

This screen is skipped if the trainee has completed the survey.

CLAIM APPLICATION SEND BACK

Trainee has not completed the survey. Please inform trainee to complete the survey so that the SO AA can approve the claim in the ICMS system.

- SO AA cannot proceed to approve the claim application if the trainee has not complete the survey.
- Trainee needs to complete the survey which was sent to them via email.
 Please refer to the sample email in slide 14.

OK

Review Terms and Conditions

TERMS AND CONDITIONS

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CITREP TERMS FOR CLAIM APPLICATION

(a) Interpretation. In the application for a claim under CITREP II,

(i) the following words and phrases shall have the meanings hereby assigned to

them unless the context otherwise requires:

"Applicant" means the person, party or entity who meets the stipulated

CITREP II eligibility criteria as the sponsoring organisation or individual.

"Application" means the application made by the Applicant for Course F

Agree Disagree Agree Disagree Agree Disagree Agree Disagree

Declaration

DECLARATION

- I understand that any failure to comply with the terms of the CITREP+ or submit all relevant documents will result in the delay and/or refusal on the part of IMDA to disburse any grants under the CITREP+, and IMDA shall not be liable to the Applicant for any amount or losses or damages, loss of income, profit or savings or indirect, incidental, special, consequential, or punitive damages arising from or in connection with such failure on the part of the Applicant.
- 🕑 I declare that I have read through and hereby acknowledge acceptance of the terms and conditions for CITREP+ claims.
- I declare that the facts stated in this application and the accompanying information are true, and that the organisation/myself is free from any litigation pertaining to the endorsed course in Singapore or overseas. I understand that if my organisation/myself obtains the grant by false or misleading statements, IMDA will withdraw the grant and recover immediately from my company/myself the applicable interest and/or any amount of the grant that may be disbursed.
- I declare that: *(For sponsoring organisation) my organisation is not the course provider for the endorsed course/certification. *(For self-sponsored applicant) I am not the employee/ director/shareholder of the course/testing provider of the endorsed course/certification.
- I understand that all claims for the disbursement of CITREP+ grant must be submitted together with supporting documents such as tax invoice, payment receipt, attendance certificate and/or completion certificate, assessment results (non-certifiable programme), examination result score and final certificate (certifiable programme), including other schedules of the expenditure incurred and paid. The grant disbursement will be subject to verification by IMDA of the satisfactory completion of the endorsed course and/or certification.
- I understand that IMDA has the rights to report to the relevant authorities if there is any fraudulent declaration or information provided in this application.
- I understand that IMDA shall have the absolute discretion to accept or reject any submission made without being liable to give any reason thereof. IMDA reserves the right to: a. suspend its support for CITREP+ if the minimum requirements are not met; b. change the application conditions as and when deemed necessary without prior notice; and. c. retain documents submitted for future reference without being liable for the cost of documents.



Submission Confirmation page

Home >> Claim Application >> Claim Application Submitted

SUBMISSI	UBMISSION CONFIRMATION					
Your App Your Clair	our Application has been submitted. our Claim Application ID is: CITREPII/FY15/CL/201604/010705					
SUBMISSI	DN CHECKLIST					
S/N.	SUBMISSION ITEM DESCRIPTION					
1.	Assessment result slip/certificate for each trainee (for non-certifiable programme)					
2.	Course Provider's document certifying at least 75% of the training attendance completed by the trainee (for classroom training)					
3.	Course Provider's document certifying the trainee's completion of project work component and assessment (for Emerging Skills with Project Work Component)					
4.	Daily attendance sheet signed by the trainee (for classroom/hybrid training)					
5.	Examination result score report and final certificate for each trainee (for certifiable programme)					
6.	Invoice and official receipt					
7.	Log sheets from the Course Provider certifying the training duration (for hybrid/e-learning training)					
8.	Trainee's NRIC					

If you have not uploaded the required supporting documents earlier, please email to citrep@imda.gov.sg or send to:

Info-communications Media Development Authority of Singapore

10 Pasir Panjang Road #03-01 Mapletree Business City Singapore 117438

Please print this page for your reference.



Search/View Claim Application

Search/View Claim Application



Search Claim Application

Iome >> Claim Application					
CLAIM APPLICATION SEARCH					
Claim ID :	10705				
Trainee Name :					
Trainees NRIC No. :					
Programme Name :	Select			~	
Course Provider :					
Course/Certification Title :					
Course/Certification Start Date From :	(dd/mm/yyyy) To	(dd/mm/yyyy)			
SO AA/IND Submission Date From :	99999 (dd/mm/yyyy) To	97799 122 (dd/mm/yyyy)			
IDA AO Approval Date From :	(dd/mm/yyyy) To	47777 12 (dd/mm/yyyy)			
Status :	Select 🗸				
Show Only Pending Items :					
		Search			
		T			
S/N Claim ID Train Name	ee Trainee's NRIC Programm	Action:	Applicant Name	Total Claim Amount	Status
1. CITREPII/FY15/CL/201604/010705 Test	S3393706G CITREP II: Programme	Enter the		210.50	Submitted to IDA
		Claim ID and Click 'Search'			

• View Claim Application

Iome >> Claim Application		
CLAIM APPLICATION SEARCH		
Claim ID :	10705	
Trainee Name :		
Trainees NRIC No. :		
Programme Name :	- Select -	
Course Provider :		
Course/Certification Title :		
Course/Certification Start Date From :	(dd/mm/yyyy) To	
SO AA/IND Submission Date From :	(dd/mm/yyyy) To	
IDA AO Approval Date From :	(dd/mm/yyyy) To	
Status :	Select 🔽	
Show Only Pending Items :		
	Search Search	
S/N Claim ID Train	ee Action: Click the Claim Star	tus
1. CITREPII/FY15/CL/201604/010705	ID to view the D15 - 31 March 2016) 210.50 Sub	mitted to
	details	