

# **ICMS User Orientation Training**

Infocomm Competency Management System (ICMS)

SECTION E: CLAIM APPLICATION [SPONSORING ORGANISATIONS]

July 2017

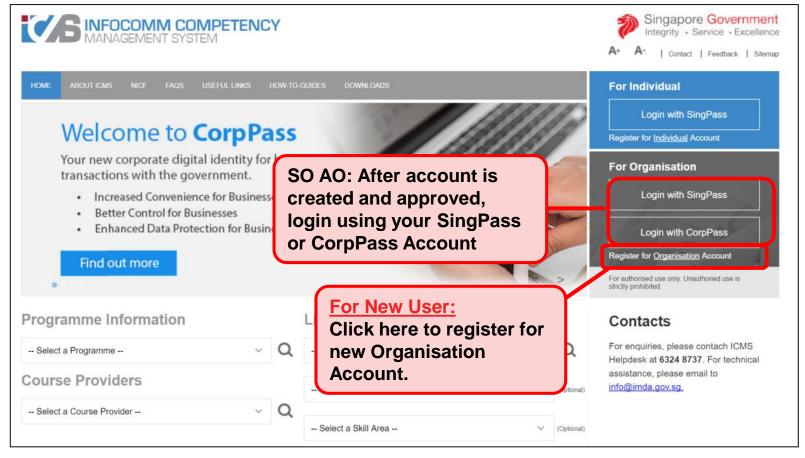


Confidential

- 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

|      | (* I   | ntegrity · Service · Excellence |
|------|--|---------------------------------|
| in   | focommetency management  | Contact   Feedback  <br>Sitemap |
| Comp | puter 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 AO ) Select SO AO        |                                 |
| 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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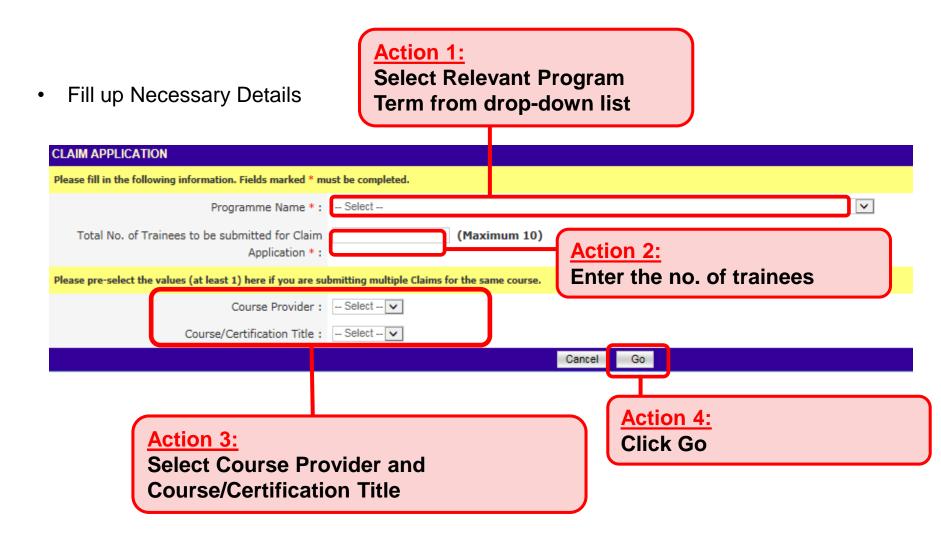
Singapore Government

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<br>Grant Application<br>Claim Application<br>User Account Administration | Claim ID :<br>Programme Name :Select<br>Course Provider :  |
| Organisation Account   | Course/Certification Title :         Course/Certification Start Date From :         SO AA/IND Submission Date From :         (dd/mm/yyyy) To         (dd/mm/yyyy) To   |
|  | IMDA AO Approval Date From :       (dd/mm/yyyy) To       (dd/mm/yyyy)         Status :       - Select         Show Only Pending Items :  |
|  | Search New Application<br>Action:<br>Click 'New Application'   |



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<br>CODE |
|                         | 750A                    | Chai   | Chee Road |         |              |               | Singa      | pore    | 469001         |
| Contact Information     | ASSIGNMENT OF RO        | )LE    | N         | 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    |



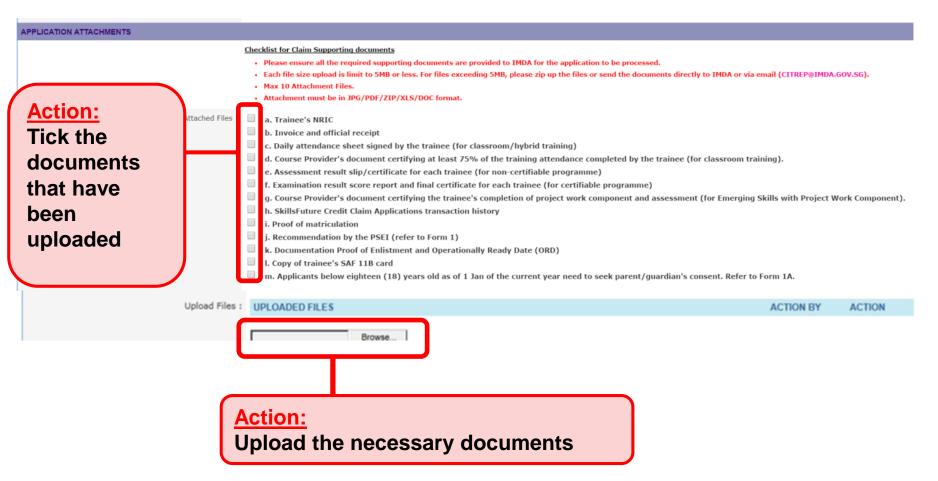
• Enter the information for the trainee

| 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 completed Direct Credit Authorisation (DCA) form available at https://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             | ction:  |  |  |  |  |  |
| LOG OUT                     | Date of Birth:  |   |               | Please ensure correct bank account  |  |  |  |  |  |
|                             | Bank Name:  | Citibank NA                                   | ,             | 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 * :  |   |               | please upload the completed Direct  |  |  |  |  |  |
|                             |   | O 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

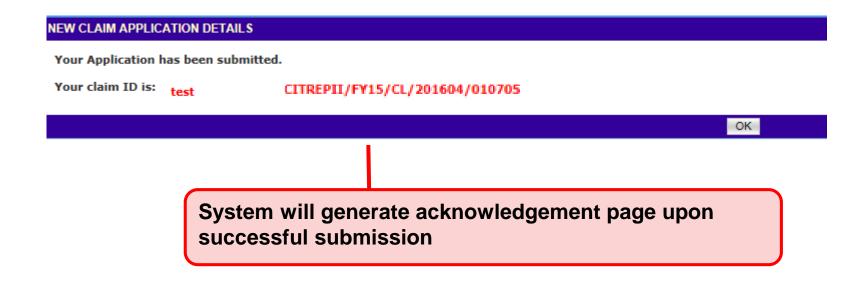
| COURSE/CERTIFICATION INFORMATION FOR CLAIM APPLICATION |                               |                           |  |  |  |  |  |  |  |
|--|-------------------------------|---------------------------|--|--|--|--|--|--|--|
| Actual Start Date • :                                  | 06/03/2017 (dd/mm/yyyy)       |                           |  |  |  |  |  |  |  |
| 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) |                           |  |  |  |  |  |  |  |
|  |                               | 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.

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

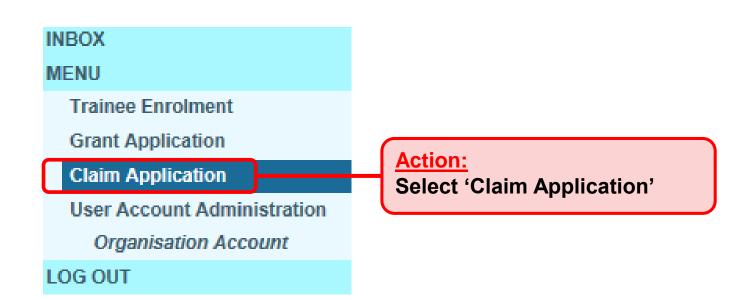
|      | (P   | Integrity · Service · Excellence |
|------|--|----------------------------------|
| in   | focommetencymonogement   | Contact   Feedback  <br>Sitemap  |
| Comp | outer Science Organisation, Sponsoring Organisation Administrative Officer | Welcome, Aida                    |
| YOUR | USER ROLES   |                                  |
|      | Name of Organisation : Computer Science Organisation                       |                                  |
| S/N  | ROLE   |                                  |
| 1.   | Course Provider Administrative Officer(CP AO )                             |                                  |
| 2.   | Course Provider Approving Authority(CP AA )                                |                                  |
| з.   | Sponsoring Organisation Administrative Officer(SO AO ) Action:             |                                  |
| 4.   | Sponsoring Organisation Approving Authority(SO AA ) Select SO AA           |                                  |
|      | Back Cogout  |                                  |

#### 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) <b>To</b>  |
| SO AA/IND Submission Date From :       | (dd/mm/yyyy) <b>To</b>  |
| IDA AO Approval Date From :            | (dd/mm/yyyy) <b>To</b>  |
| Status :                               | - Select -  |
| Show Only Pending Items :              |   |
|  | - <mark>Search - Search - Sear</mark> |
|  |   |





Review Application Details

|  | Mode of Training : Part-t<br>Total Duration : 60.0 [                                 |   |
|--|--|---|
|  | MATION FOR CLAIM APPLICATION   |   |
| Actual Start Date :  | 04/11/2015 (dd/mm/yyyy)  |   |
| Actual End Date :  | 30/12/2015 (dd/mm/yyyy)  |   |
| Actual Funding Support Type :  | Course and Exam Fees   |   |
| Total Actual Course Fees :   | S\$ 1,000.00   |   |
| Total Actual Exam Fees :   | S\$ 100.00   |   |
| Total Course and Exam Fees :   | S\$ 1,100.00   |   |
| Total Claim Amount for Course<br>and Exam Fees :                     | S\$ 0.00   |   |
| Mode of Delivery :   | Instructor-Led Training (ILT) INSTRUCTOR-LED TRAINING (ILT) Mode of Training : Part- | Action:<br>Review the Application                           |
| Total Claim Amount for Absentee<br>Payroll :<br>Total Claim Amount : |  | Details. Click Send back<br>for AO to make<br>amendments if |
| APPROVAL BY SO AA  |  | necessary.  |
| Remarks :  | Remark<br>Action:<br>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

•

#### 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.

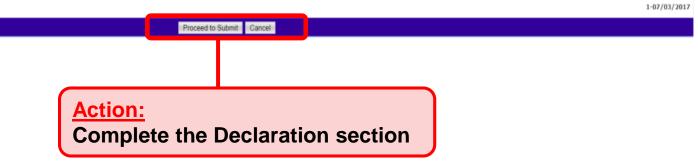
"Application" means the application made by the Applicant for Course F

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

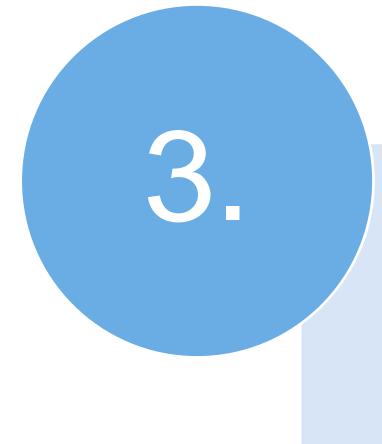
| SUBMISSI | DN CONFIRMATION   |  |  |  |  |  |  |
|----------|---|--|--|--|--|--|--|
|          | Your Application has been submitted.<br>Your Claim Application ID is: CITREPII/FY15/CL/201604/010705  |  |  |  |  |  |  |
| SUBMISSI | DN CHECKLIST  |  |  |  |  |  |  |
| S/N.     | SUBMISSION ITEM DESCRIPTION   |  |  |  |  |  |  |
| 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

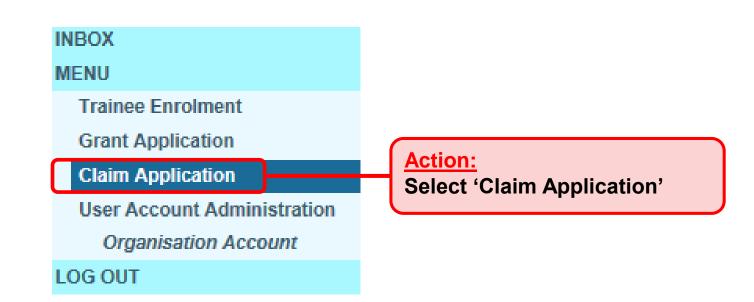
10 Pasir Panjang Road #10-01 Mapletree Business City Singapore 117438

Please print this page for your reference.



# Search/View Claim Application

Search/View Claim Application



#### Search Claim Application

| lom | e >> Claim Application             |                 |                       |                         |                       |              |                |                       |                     |
|-----|------------------------------------|-----------------|-----------------------|-------------------------|-----------------------|--------------|----------------|-----------------------|---------------------|
| CL/ | AIM APPLICATION SEARCH             |                 |                       |                         |                       |              |                |                       |                     |
|     | Claim                              | ID: 10705       | 5                     |                         |                       |              |                |                       |                     |
|     | Trainee Na                         | me :            |                       |                         |                       |              |                |                       |                     |
|     | Trainees NRIC                      | No. :           |                       |                         |                       |              |                |                       |                     |
|     | Programme Na                       | me : Sel        | ect                   |                         |                       |              |                | <b>v</b>              |                     |
|     | Course Provi                       | der :           |                       |                         |                       |              |                |                       |                     |
|     | Course/Certification T             | itle :          |                       |                         |                       |              |                |                       |                     |
|     | Course/Certification Start Date Fr | om :            | 97777 (d              | dd/mm/yyyy) <b>To</b>   | 90000<br>12           | (dd/mm/yyyy) |                |                       |                     |
|     | SO AA/IND Submission Date Fr       | om :            | 999999<br>12 (d       | dd/mm/yyyy) <b>To</b>   | 49999<br>12           | (dd/mm/yyyy) |                |                       |                     |
|     | IDA AO Approval Date Fr            | om :            | 999999 (d             | dd/mm/yyyy) <b>To</b>   | 41999<br>12           | (dd/mm/yyyy) |                |                       |                     |
|     | Sta                                | tus : - Sel     | ect                   | ×                       |                       |              |                |                       |                     |
|     | Show Only Pending Ite              | ems :           |                       |                         |                       |              |                |                       |                     |
|     |                                    |                 |                       |                         | Search                |              |                |                       |                     |
|     |                                    |                 |                       |                         |                       |              |                |                       |                     |
| S/N | Claim ID                           | Trainee<br>Name | Trainee's NRIC<br>No. | Programm                | Action:               |              | Applicant Name | Total Claim<br>Amount | Status              |
| 1.  | CITREPII/FY15/CL/201604/010705     | Test            | S3393706G             | CITREP II:<br>Programme | Enter the             | -            |                | 210.50                | Submitted to<br>IDA |
|     |                                    |                 |                       |                         | Claim ID<br>Click 'Se |              |                |                       |                     |

#### 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) <b>To</b>                                 |           |
| SO AA/IND Submission Date From :       | (dd/mm/yyyy) <b>To</b>                                 |           |
| IDA AO Approval Date From :            | (dd/mm/yyyy) <b>To</b>                                 |           |
| Status :                               | Select 🗸   |           |
| Show Only Pending Items :              |  |           |
|  | Search Search  |           |
|  |  |           |
| S/N Claim ID Train                     | Applicant Name   | IS        |
| 1. CITREPII/FY15/CL/201604/010705      | ID to view the D15 - 31 March 2016) 210.50 Subn<br>IDA | nitted to |
|  | details  |           |