Infocomm Competency Management System (ICMS)

SECTION E: CLAIM APPLICATION [ORGANISATIONS]

#### **ICMS User Orientation Training**



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



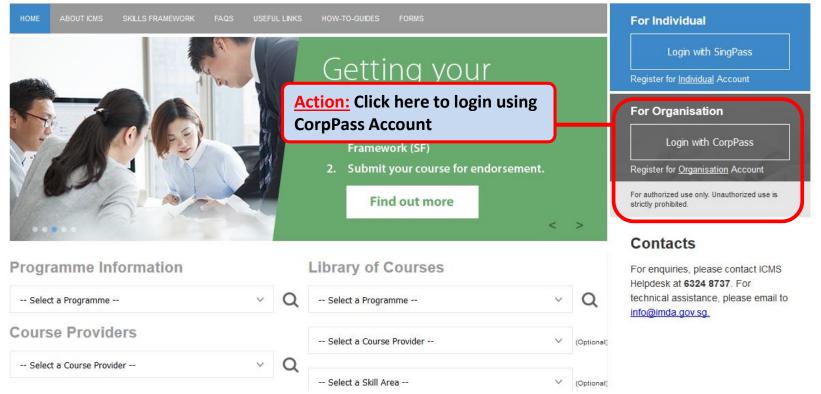


# Create New Claim Application











#### **Programme Type/User Role Selection**



HOME	ABOUT ICMS SKILLS FRAMEWORK FAQS USEFUL LINKS HOW-TO-GUIDES FORMS									
PROGRAM	PROGRAMME TYPE ACCESS									
	Programme Type * : O CITREP O T-Assist Media Courses									
YOUR USE	R ROLES									
	Name of Organisation :									
S/N	ROLE									
1.	Course Provider Administrative Officer(CP AO )									
2.	Course Provider Approving Authority(CP AA )									
з.	Sponsoring organisation Administrative oricer(So AO)									
4.	Sponsoring Organisation Approving Authority(SO AA ) Select SO AO Role									
	Back Logout									

Skipped this screen if the registered user has only 1 role in ICMS



Submit New Claim Application

	oonsoring Organisation Administrative Officer (CITREP)	
INBOX		<b>ITEMS PENDING FOR YOUR ACTION</b>
MENU		
→ Trainee Enrolment	S/N	Description
Grant Application Claim Application		No pending Items to be displayed.
User Account Aun. Inistration		
Organisation Account		
SWITCH USER		
ROLE/PROGRAMME		
LOG OUT		
	Action:	
	Click Claim Application	



Submit New Claim Application

#### Note:

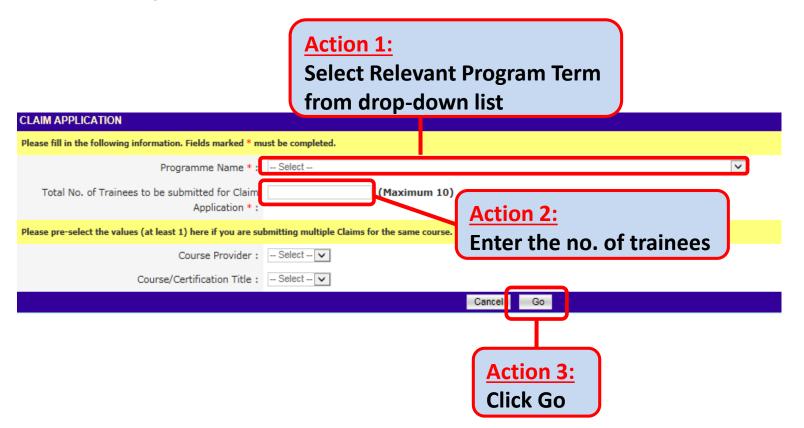
Please ensure that the bank account details are provided in the <u>Organisation Account</u> before submitting a new claim application. The approved claim amount will be made directly into the bank account as stated in the Organisation Account.

#### **INFOCOMM COMPETENCY** MANAGEMENT SYSTEM

sponsoring	Organisation Administrative Officer (CITREP)		
INBOX	Home >> Claim Application		
MENU	CLAIM APPLICATION SEARCH		
Trainee Enrolment	For claim submission, please ensure that the bank account details are	provided in the Organisation Account befo	re submitting a new claim application. The approved claim amount will be made directly into th
Grant Application	Claim ID :		
Claim Application	Trainee Name :		
User Account Administration			Action:
Organisation Account	Trainees NRIC No. :		
SWITCH USER	Programme Name :	Select	Click 'New Application'
ROLE/PROGRAMME	Course Provider :		
LOG OUT	Course/Certification Title :		
			ATTING
	Course/Certification Start Date From :	(dd/mm/yyyy) To	(dd/mm/yyy
	SO AA/IND Submission Date From :	(dd/mm/yyyy) To	(dd/mm/yyy
		11	
	IMDA AO Approval Date From :	(dd/mm/yyyy) To	(dd/mm/yyy
	Status :	Select 🔻	
	Show Only Pending Items :		
	Show Only Pending Items :	<u> </u>	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Search New Application
	No records found.	20	



Select the Program





Verify SO AO Profile

SPONSORING ORGANISATION							
Application Category :	Organisation-Sponsored	I					
Name of Organisation :							
Mailing Address :	Secondary Site 🗸						
	BLOCK/ HOUSE NO.	STREET NAM	E	LEVEL NO UNIT NO.	BUILDING NAME	COUNT	RY POSTAL COE
	221			#07 - 10		Singap	pre
Contact Information	ASSIGNMENT	OF ROLE	NAME	DESIGNATION	TELEPHONE NO.	MOBILE NO.	EMAIL ADDRESS
	Sponsoring Orga	nisation (AO)	Aida	Project Manager			
	Sponsoring Organisation (AA)		Aida 🗸	Project Manager			

#### Action:

#### Verify mailing address and contact details

Update in Organisation Account if incorrect



Fill in Trainee Detail for Claim Application

TRAINEE 1 Remove	
Please ensure correct bank account details are provided. Fo	or update of bank account details, please go to the Organisation Account to update the information. As the approved claim a
please upload the completed Direct Credit Authorisation (D	DCA) form available at https://eservice.imda.gov.sg/icms.
$\searrow_{\!\!\!\!S}$ ame of Trainee (as in NRIC) * :	
Trainee's NRIC No. :	
Telephone No. :	
Email Address :	are provided. For update of bank account details, go to Organisation Account.
Date of Birth:	01/01/1972
Bank Name *:	HSBC Bank (Singapore) Ltd 🔰 👂 As the approved claim amount will be
Account Number *:	
Profession:	Professional completed Direct Credit Authorisation
Citizenship * :	<ul> <li>Singapore Citizen</li> <li>Attps://eservice.imda.gov.sg/icms</li> </ul>
	Singapore Permanent Resider
Gender * :	Male
	O Female
Highest Education Qualification * :	Others 🗸
Employment Status * :	Employed
Current Salary Range (Monthly) * :	\$2,000 and below 🗸
Occupation Group * :	PROFESSIONAL SERVICES - SOLUTIONS ARCHITECTURE
Occupation Title * :	Solutions Integration Architect 🗸

INFOCOMM MEDIA

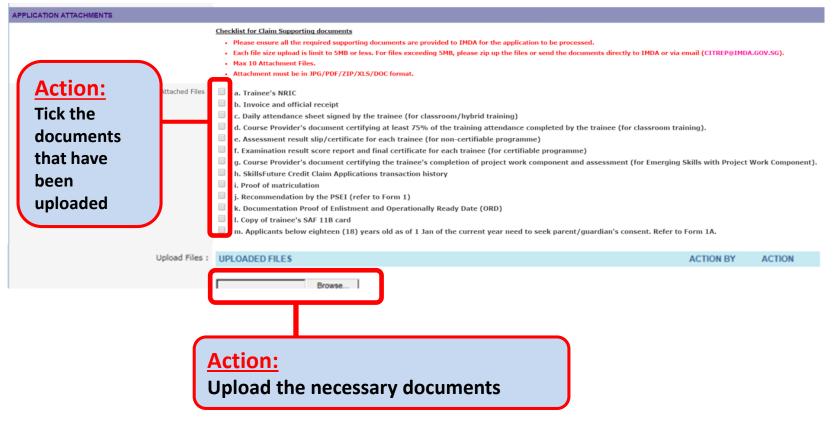
Fill in Claim Detail

	Total Duration : 30.0 Days
COURSE/CERTIFICATION INFORMATION FOR CLAIM	APPLICATION
Actual Start Date * :	19/01/2019 (dd/mm/yyyy)
↓ Actual End Date * :	14/03/2019 (dd/mm/yyyy) Action:
Actual Funding Support Type :	Fill in the Relevant
Total Actual Course Fees * :	
Total Actual Exam Fees * :	ss 0.00 Oetails
Total Actual Course and Exam Fees :	S\$ 0.00
Total Claim Amount for Course and Exam Fees :	S\$ 0.00
Mode of Delivery :	Classroom
	CLASSROOM
	Mode of Training : Full-time
	Total Duration * : 30.0 Days
Total Claim Amount for Absentee Payroll :	S\$ 0.00
Total Claim Amount :	S\$ 0.00



#### **Upload Supporting Documents**

You may submit the documents to IMDA by mail or email to info@imda.gov.sg if you have not uploaded the required supporting documents in ICMS.





Successful Submission

	Sponsoring Organisation Administrative Officer (CITREP)
INBOX	NEW CLAIM APPLICATION DETAILS
MENU	Your Application has been submitted.
Trainee Enrolment	
Grant Application	Email has been sent to trainee to complete the survey. Please remind trainee to complete so that SO AA can approve the claim in ICMS.
Claim Application	Your claim ID is: Elphine Chia SF/001/CL/201901/014395
User Account Administration	
Organisation Account	OK
SWITCH USER ROLE/PROGRAMME	
LOG OUT	
C	ystem will generate acknowledgement
3	ystem win generate acknowledgement
	age upon successful submission



MT M

#### **Claim Email Notification**

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: <u>CITREP@imda.gov.sg</u>	
Thank you.	
Yours sincerely,	
Programme Administrator, Incentive Management Division (IMD) Info-communications Media	
Development Authority	

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.



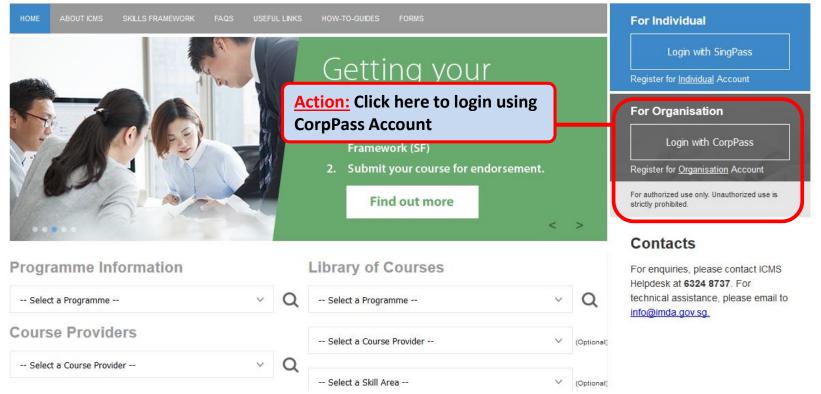


# Approve Claim Application











SO AA Approves Claim Application

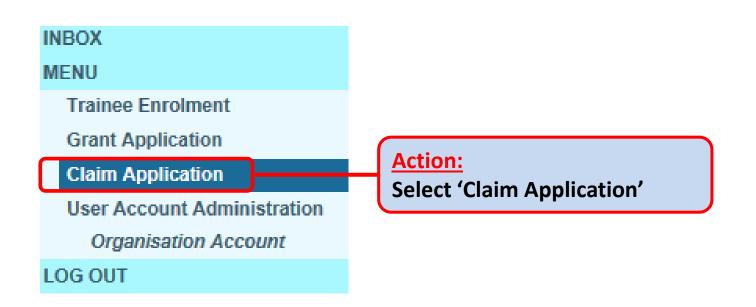


PROGRAMME TYPE ACCESS									
Programme Type * : O CITREP O T-Assist Media Courses									
ROLES									
Name of Organisation :									
ROLE									
Course Provider Administrative Officer(CP AO )									
Course Provider Approving Authority(CP AA )									
Sponsoring Organisation Administrative Officer(SO AO )									
Sponsoring Organisation Approving Authority(SO AA ) Select SO AA									
Select SO AA									

Skipped this screen if the registered user has only 1 role in ICMS



Search Claim Application



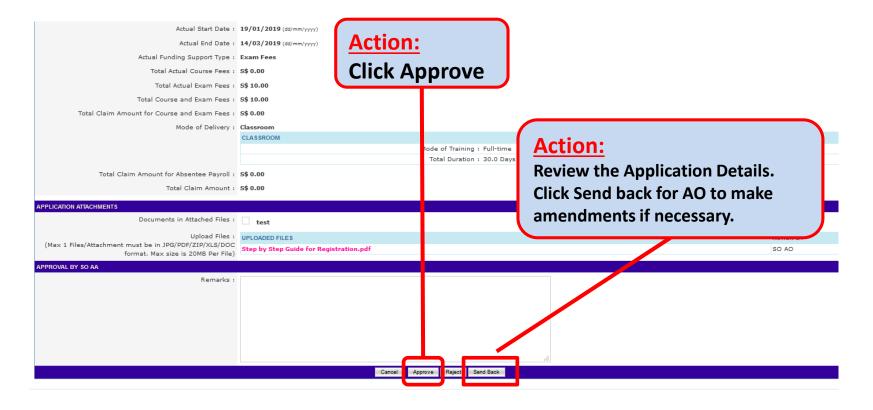


#### Approve Claim Application

	Sponsoring Organisation Approving	g Authority (CITRE	P)						Welcome, Aida
NBOX	Home >> Claim Application								
IENU	CLAIM APPLICATION SEARCH								
Trainee Enrolment	For claim submission, please ensure t	hat the bank accoun	t details are provided	in the Organisation Account befo	re submitting a new claim appli	ication. The approved claim a	amount will be made directly	into the bank acco	ount as stated in the
Grant Application	Organisation Account.								
Claim Application		Claim ID	:						
User Account Administration	-	Trainee Name							
Organisation Account									
WITCH USER	1	Trainees NRIC No.	:						
OLE/PROGRAMME	1	Programme Name	- Select			~			
.OG OUT		Course Provider	:						
	Course	/Certification Title	. ji						
	Course/Certification	n Start Date From	: <sup>40000</sup> 12	(dd/mm/yyyy) <b>To</b>	(dd/mm/yyyy)				
	SO AA/IND Subn	nission Date From	: <b>12</b>	(dd/mm/yyyy) To	(dd/mm/yyyy)				
	IMDA AO Ap	proval Date From	12	(dd/mm/yyyy) <b>To</b>	(dd/mm/yyyy)				
		Status	: Select	~					
	Show Or	nly Pending Items	: 🗹						
					Search				
								<<	< > >>
	S/N Claim ID		Trainee's NRIC No.	Programme Name	Applicant Name	Total Claim Amount	Status	Action	History
	1. SF/001/CL/201901	Elphine Chia		Skill Framework Programme 001		0.00	Pending Approval (SC	Approve -	View
	/014395			100			AA)	New	History No. 1 of 1 page(s)
									Total records : 1
							<mark>tion:</mark> k on Appro	ove – N	ew



#### **Review Claim Detail**





No Survey Submitted

#### 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.

Skipped this screen if the trainee completed the survey



OK

**Claim Email Notification** 

#### TERMS AND CONDITIONS

CITREP TERMS FOR CLAIM APPLICATION

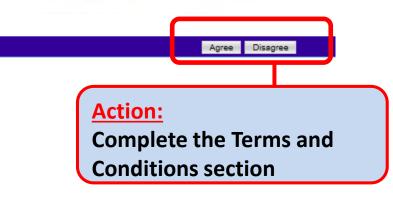
(a) Interpretation. In the application for a claim under CITREP II,

(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.





#### Declaration

DE	ECLARATION
	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.
1	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.
1	I declare that: *(For sponsoring orgranisation) - 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.
1	1 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.
	1-07/03/2017
	Proceed to Submit Cancel
	Action: Complete the Declaration section



Successful Submission



Your Application has been submitted.

Email has been sent to trainee to complete the survey. Please remind trainee to complete so that SO AA can approve the claim in ICMS.

System will generate acknowledgement page upon successful submission



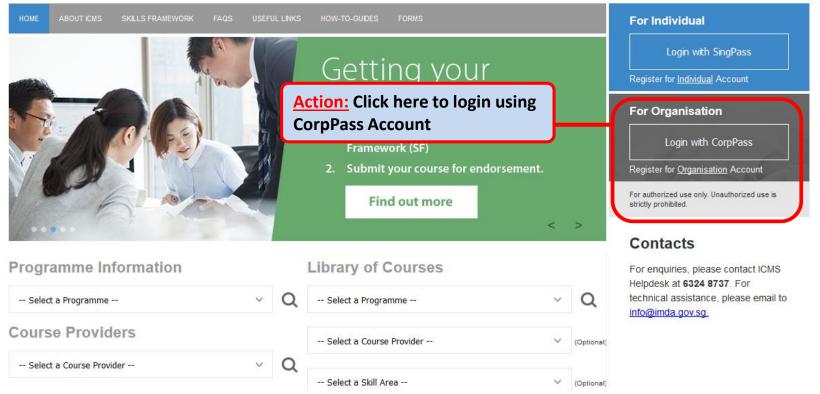


# Search/View Claim Application











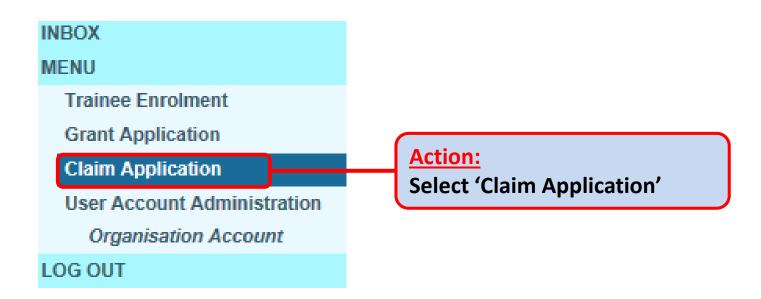


HOME	ABOUT ICMS SKILLS FRAMEWORK FAQS USEFUL LINKS HOW-TO-GUIDES FORMS								
PROGRAM	PROGRAMME TYPE ACCESS								
	Programme Type * : O CITREP O T-Assist Media Courses								
YOUR USE	ER ROLES								
	Name of Organisation :								
S/N	ROLE								
1.	Course Provider Administrative Officer(CP AO )								
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 OF SO AO								

Skipped this screen if the registered user has only 1 role in ICMS



Search Claim Application





Search Claim Application

INBOX	Home >> Claim Application
MENU	CLAIM APPLICATION SEARCH
Trainee Enrolment	For claim submission, please ensure that the bank account details are provided in the Organisation Account before submitting a new claim application. The approved claim amount will be made direct
Grant Application	into the bank account as stated in the Organisation Account.
Claim Application	Claim ID : 014395
User Account Administration	Trainee Name :
Organisation Account	Trainees NRIC No. :
SWITCH USER ROLE/PROGRAMME	
LOG OUT	Programme Name :
100 001	Course Provider :
	Course/Certification Title :
	Course/Certification Start Date From : 2 d/mm/yyyy) To 2 (dd/mm/yyyy)
	SO AA/IND Submission Date From : (domm/yyyy) To (dd/mm/yyyy)
	IMDA AO Approval Date From : (dd/ml/yyyy) To (dd/mm/yyyy)
	Status: - Select - ·
	Show Only Pending Items :
	Search
	Action: Enter the desired criteria and Click 'Search'



#### **View Claim Application**

INBOX	Home >> Claim Application						
MENU							
Trainee Enrolment	For claim submission, please ensure that the bank		nisation Account before submitting a	new claim applicatio	n. The approved	claim amount will t	e made directly
Grant Application	into the bank account as stated in the Organisation	i Account.					
Claim Application	Claim ID :	014395					
User Account Administration	Trainee Name :						
Organisation Account							
SWITCH USER	Trainees NRIC No. :						
ROLE/PROGRAMME	Programme Name :	- Select			$\sim$		
LOG OUT	Course Provider :						
	Course/Certification Title :			(			
	Course/Certification Start Date From :	(dd/mm/yyyy) To	(dd/mm/yyyy)	Acti	on.		
			-0000		<u>UII.</u>		
	SO AA/IND Submission Date From :	(dd/mm/yyyy) <b>To</b>	(dd/mm/yyyy)			Claima	
	IMDA AO Approval Date From :	(dd/mm/yyyy) To	(dd/mm/yer		k the g	Claim	ιριο
		1029	1001				
	Status :	Select V		<b>viev</b>	v the 🛛	details	5
	Show Only Pending Items :						
			Oracet				
			Search				
						<<	< > >>
		Irainee's NRIC No. Programme Name	Applicant Name	Total Claim Amount	Status	Action	History
	1. SF/001/CL/201901 Elphine Chia /014395	Skill Framework Progr 001	amme	0.00	Submitted to IMDA	Pending Approval	View History
							No. 1 of 1 page(s) Total records : 1



View Claim Application in Details

Mode of Delivery :				
	CLASSROOM			
			of Training : Full-time	
		la	tal Duration : 30.0 Days	
JRSE/CERTIFICATION INFORMATION FOR CLAIM APPLICATION				
Actual Start Date :	19/01/2019 (dd/mm/yyyy)			
Actual End Date :	14/03/2019 (dd/mm/yyyy	Action		
Actual Funding Support Type :	Exam Fees	Action:		
Total Actual Course Fees :	S\$ 0.00	Click Back	to roturn	
Total Actual Exam Fees :	S\$ 10.00	CIICK DACK	lorelum	
Total Course and Exam Fees :	S\$ 10.00	to the sear	ch nago	
Total Claim Amount for Course and Exam Fees :	S\$ 0.00	to the sear	ch page	
Mode of Delivery :	Classroom			
	CLASSROOM			
			of Training : Full-time	
		10	al Duration : 30.0 Days	
Total Claim Amount for Absentee Payroll :	S\$ 0.00	N		
Total Claim Amount :	S\$ 0.00	2		
LICATION ATTACHMENTS				
Documents in Attached Files :	test			
Upload Files :				AC
Max 1 Files/Attachment must be in JPG/PDF/ZIP/XLS/DOC	Step by Step Guide for R	Registration.pdf		so
format. Max size is 20MB Per File)				
OVED BY SO AA - 21/01/2019				
Remarks :				
			lack	

