

**Infocomm Competency Management
System (ICMS)**

**SECTION E: CLAIM APPLICATION
[ORGANISATIONS]**

ICMS User Orientation Training



ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS


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



1.

Create New Claim Application

[HOME](#) [ABOUT ICMS](#) [SKILLS FRAMEWORK](#) [FAQS](#) [USEFUL LINKS](#) [HOW-TO-GUIDES](#) [FORMS](#)



Getting your
Framework (SF)

2. Submit your course for endorsement.

[Find out more](#)

Action: Click here to login using
CorpPass Account

For Individual

[Login with SingPass](#)

Register for [Individual](#) Account

For Organisation

[Login with CorpPass](#)

Register for [Organisation](#) Account

For authorized use only. Unauthorized use is strictly prohibited.

Contacts

For enquiries, please contact ICMS Helpdesk at **6324 8737**. For technical assistance, please email to info@imda.gov.sg.

Programme Information

-- Select a Programme --



Library of Courses

-- Select a Programme --



Course Providers

-- Select a Course Provider --



-- Select a Course Provider --

(Optional)

-- Select a Skill Area --

(Optional)

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Programme Type/User Role Selection



HOME ABOUT ICMS SKILLS FRAMEWORK FAQs USEFUL LINKS HOW-TO-GUIDES FORMS

PROGRAMME TYPE ACCESS

Programme Type * : ☐ CITREP ☐ T-Assist Media Courses

YOUR USER ROLES

Name of Organisation :

S/N	ROLE
1.	Course Provider Administrative Officer(CP AO)
2.	Course Provider Approving Authority(CP AA)
3.	Sponsoring Organisation Administrative Officer(SO AO)
4.	Sponsoring Organisation Approving Authority(SO AA)

Action:
Select SO AO Role

Back Logout

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

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Submit New Claim Application

Sponsoring Organisation Administrative Officer (CITREP)

ITEMS PENDING FOR YOUR ACTION	
S/N	Description
No pending Items to be displayed.	

INBOX MENU

- Trainee Enrolment
- Grant Application
- Claim Application**
- User Account Administration
- Organisation Account

SWITCH USER
ROLE/PROGRAMME
LOG OUT

Action:
Click Claim Application

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Submit New Claim Application

Note:

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 directly into the bank account as stated in the Organisation Account.



iponsoring Organisation Administrative Officer (CITREP)

INBOX Home >> Claim Application

MENU CLAIM APPLICATION SEARCH

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 directly into the

Trainee Enrolment

Grant Application

Claim Application

User Account Administration

Organisation Account

SWITCH USER

ROLE/PROGRAMME

LOG OUT

Claim ID :

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 : (dd/mm/yyyy) To (dd/mm/yyyy)

IMDA AO Approval Date From : (dd/mm/yyyy) To (dd/mm/yyyy)

Status : -- Select --

Show Only Pending Items : ☒

Search **New Application**

No records found.

Action:
Click 'New Application'

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Select the Program

Action 1:
Select Relevant Program Term
from drop-down list

CLAIM APPLICATION

Please fill in the following information. Fields marked * must be completed.

Programme Name * :

Total No. of Trainees to be submitted for Claim Application * : (Maximum 10)

Please pre-select the values (at least 1) here if you are submitting multiple Claims for the same course.

Course Provider :

Course/Certification Title :

Action 2:
Enter the no. of trainees

Action 3:
Click Go

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Verify SO AO Profile

SPONSORING ORGANISATION																								
Application Category : Organisation-Sponsored																								
Name of Organisation : [REDACTED]																								
Mailing Address : Secondary Site <input type="checkbox"/>																								
<table><thead><tr><th>BLOCK/ HOUSE NO.</th><th>STREET NAME</th><th>LEVEL NO. - UNIT NO.</th><th>BUILDING NAME</th><th>COUNTRY</th><th>POSTAL CODE</th></tr></thead><tbody><tr><td>221</td><td>[REDACTED]</td><td>#07 - 10</td><td>[REDACTED]</td><td>Singapore</td><td>[REDACTED]</td></tr></tbody></table>							BLOCK/ HOUSE NO.	STREET NAME	LEVEL NO. - UNIT NO.	BUILDING NAME	COUNTRY	POSTAL CODE	221	[REDACTED]	#07 - 10	[REDACTED]	Singapore	[REDACTED]						
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221	[REDACTED]	#07 - 10	[REDACTED]	Singapore	[REDACTED]																			
Contact Information																								
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ASSIGNMENT OF ROLE	NAME	DESIGNATION	TELEPHONE NO.	MOBILE NO.	EMAIL ADDRESS																			
Sponsoring Organisation (AO)	Aida	Project Manager	[REDACTED]		[REDACTED]																			
Sponsoring Organisation (AA)	Aida <input type="checkbox"/>	Project Manager	[REDACTED]		[REDACTED]																			

Action:

Verify mailing address and contact details



Update in Organisation Account if incorrect

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Fill in Trainee Detail for Claim Application

TRAINEE 1 [Remove](#)

Please ensure correct bank account details are provided. For update of bank account details, please go to the Organisation Account to update the information. As the approved claim amount will be made via GIRO transfer, please upload the completed Direct Credit Authorisation (DCA) form available at <https://eservice.imda.gov.sg/icms>.

Name of Trainee (as in NRIC) * :

Trainee's NRIC No. :

Telephone No. :

Email Address :

Date of Birth:

Bank Name * :

Account Number * :

Profession:

Citizenship * : ☒ Singapore Citizen
☐ Singapore Permanent Resident

Gender * : ☒ Male
☐ Female

Highest Education Qualification * :

Employment Status * :

Current Salary Range (Monthly) * :

Occupation Group * :

Occupation Title * :

Action:

- Please ensure correct bank account details are provided. For update of bank account details, go to [Organisation Account](#).
- As the approved claim amount will be made via GIRO transfer, please upload the completed Direct Credit Authorisation (DCA) form available at <https://eservice.imda.gov.sg/icms>

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS


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)

Actual Funding Support Type :

Exam Fees


Total Actual Course Fees * :

S\$ 0.00



Total Actual Exam Fees * :

S\$ 0.00



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

Action:
Fill in the Relevant
Details

APPLICATION ATTACHMENTS

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

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.

APPLICATION ATTACHMENTS

Checklist for Claim Supporting documents

- Please ensure all the required supporting documents are provided to IMDA for the application to be processed.
- Each file size upload is limit to 5MB or less. For files exceeding 5MB, please zip up the files or send the documents directly to IMDA or via email (CITREP@IMDA.GOV.SG).
- Max 10 Attachment Files.
- Attachment must be in JPG/PDF/ZIP/XLS/DOC format.

Attached Files

- ☐ a. Trainee's NRIC
- ☐ b. Invoice and official receipt
- ☐ c. Daily attendance sheet signed by the trainee (for classroom/hybrid training)
- ☐ d. Course Provider's document certifying at least 75% of the training attendance completed by the trainee (for classroom training).
- ☐ e. Assessment result slip/certificate for each trainee (for non-certifiable programme)
- ☐ f. Examination result score report and final certificate for each trainee (for certifiable programme)
- ☐ g. Course Provider's document certifying the trainee's completion of project work component and assessment (for Emerging Skills with Project Work Component).
- ☐ h. SkillsFuture Credit Claim Applications transaction history
- ☐ i. Proof of matriculation
- ☐ j. Recommendation by the PSEI (refer to Form 1)
- ☐ k. Documentation Proof of Enlistment and Operationally Ready Date (ORD)
- ☐ l. Copy of trainee's SAF 11B card
- ☐ m. Applicants below eighteen (18) years old as of 1 Jan of the current year need to seek parent/guardian's consent. Refer to Form 1A.

Upload Files : **UPLOADED FILES** ACTION BY ACTION

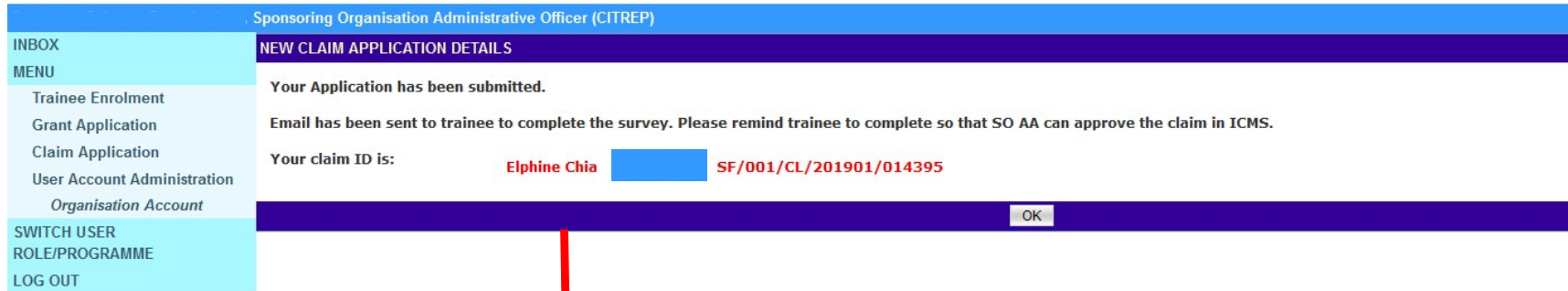
Browse...

Action:
Tick the documents that have been uploaded

Action:
Upload the necessary documents

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Successful Submission



Sponsoring Organisation Administrative Officer (CITREP)

NEW CLAIM APPLICATION DETAILS

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.

Your claim ID is: **Elphine Chia** **SF/001/CL/201901/014395**

OK

INBOX MENU

- Trainee Enrolment
- Grant Application
- Claim Application
- User Account Administration
- Organisation Account

SWITCH USER

ROLE/PROGRAMME

LOG OUT

System will generate acknowledgement page upon successful submission



ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

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: CITREP@imda.gov.sg

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.

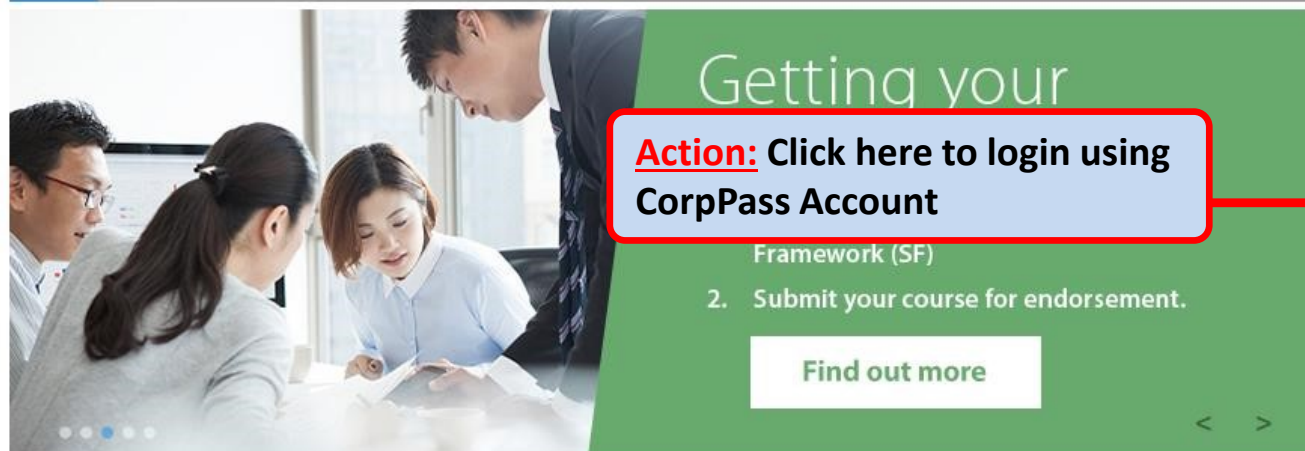
Trainee need to complete the survey before the Sponsoring Organisation's AA can approve the claim application in ICMS.



2.

Approve
Claim
Application

[HOME](#) [ABOUT ICMS](#) [SKILLS FRAMEWORK](#) [FAQS](#) [USEFUL LINKS](#) [HOW-TO-GUIDES](#) [FORMS](#)



Action: Click here to login using
CorpPass Account

For Individual

[Login with SingPass](#)

Register for [Individual](#) Account

For Organisation

[Login with CorpPass](#)

Register for [Organisation](#) Account

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Contacts

For enquiries, please contact ICMS Helpdesk at **6324 8737**. For technical assistance, please email to info@imda.gov.sg.

Programme Information

-- Select a Programme --



Library of Courses

-- Select a Programme --



Course Providers

-- Select a Course Provider --



-- Select a Course Provider --

(Optional)

-- Select a Skill Area --

(Optional)



ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

SO AA Approves Claim Application



[HOME](#) [ABOUT ICMS](#) [SKILLS FRAMEWORK](#) [FAQS](#) [USEFUL LINKS](#) [HOW-TO-GUIDES](#) [FORMS](#)

PROGRAMME TYPE ACCESS

Programme Type * : ☐ CITREP ☐ T-Assist Media Courses

YOUR USER ROLES

Name of Organisation :

S/N	ROLE
1.	Course Provider Administrative Officer(CP AO)
2.	Course Provider Approving Authority(CP AA)
3.	Sponsoring Organisation Administrative Officer(SO AO)
4.	<div>Sponsoring Organisation Approving Authority(SO AA)</div>

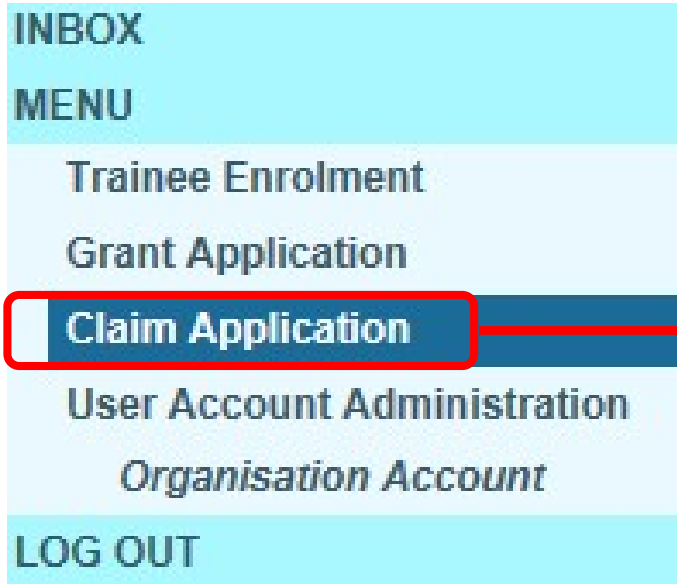
Action:
Select SO AA

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



ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Search Claim Application



Action:

Select 'Claim Application'

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Approve Claim Application

WELCOME

HOME

LOG OUT

Sponsoring Organisation Approving Authority (CITREP)

Welcome, Aida

Home >> Claim Application

CLAIM APPLICATION SEARCH

Trainee Enrolment

Grant Application

Claim Application

User Account Administration

Organisation Account

SWITCH USER

ROLE/PROGRAMME

LOG OUT

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 directly into the bank account as stated in the Organisation Account.

Claim ID :

Trainee Name :

Trainees NRIC No. :

Programme Name :

Course Provider :

Course/Certification Title :

Course/Certification Start Date From : (dd/mm/yyyy) To (dd/mm/yyyy)

SO AA/IND Submission Date From : (dd/mm/yyyy) To (dd/mm/yyyy)

IMDA AO Approval Date From : (dd/mm/yyyy) To (dd/mm/yyyy)

Status :

Show Only Pending Items : ☒

Search

<<

<

>

>>

S/N	Claim ID	Trainee Name	Trainee's NRIC No.	Programme Name	Applicant Name	Total Claim Amount	Status	Action	History
1.	SF/001/CL/201901/014395	Elphine Chia		Skill Framework Programme 001		0.00	Pending Approval (SO AA)	Approve - New	View History

No. 1 of 1 page(s)
Total records : 1

Action:
Click on Approve – New

Review Claim Detail

Actual Start Date :	19/01/2019 (dd/mm/yyyy)
Actual End Date :	14/03/2019 (dd/mm/yyyy)
Actual Funding Support Type :	Exam Fees
Total Actual Course Fees :	S\$ 0.00
Total Actual Exam Fees :	S\$ 10.00
Total Course and Exam Fees :	S\$ 10.00
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

APPLICATION ATTACHMENTS

Documents in Attached Files : ☐ test

Upload Files : [UPLOADED FILES](#)

(Max 1 Files/Attachment must be in JPG/PDF/ZIP/XLS/DOC format. Max size is 20MB Per File)

[Step by Step Guide for Registration.pdf](#)

SO AO

APPROVAL BY SO AA

Remarks :

Cancel

Approve

Reject

Send Back

Action: Click Approve

Action: Review the Application Details. Click Send back for AO to make amendments if necessary.



ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

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.

OK

- 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



ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

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.

Agree Disagree

Action:

Complete the Terms and Conditions section

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

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.

1-07/03/2017

Proceed to Submit

Cancel

Action:

Complete the Declaration section



ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Successful Submission

NEW CLAIM APPLICATION DETAILS

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.

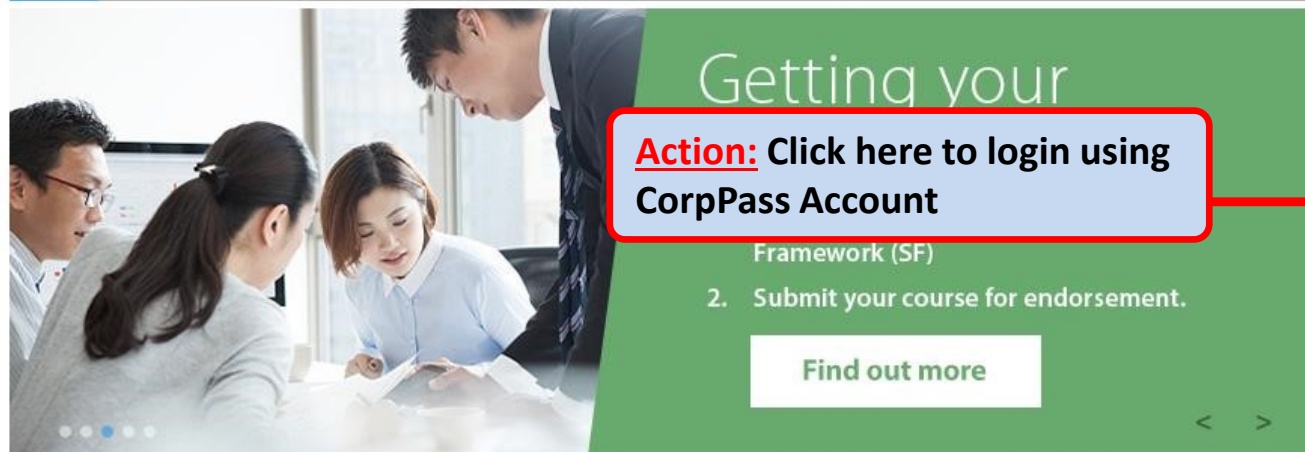
System will generate acknowledgement page upon successful submission



3.

Search/View Claim Application

[HOME](#) [ABOUT ICMS](#) [SKILLS FRAMEWORK](#) [FAQS](#) [USEFUL LINKS](#) [HOW-TO-GUIDES](#) [FORMS](#)



Action: Click here to login using
CorpPass Account

For Individual

[Login with SingPass](#)

Register for [Individual](#) Account

For Organisation

[Login with CorpPass](#)

Register for [Organisation](#) Account

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Programme Information

-- Select a Programme --



Library of Courses

-- Select a Programme --



Course Providers

-- Select a Course Provider --



-- Select a Course Provider --

(Optional)

-- Select a Skill Area --

(Optional)

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS



HOME ABOUT ICMS SKILLS FRAMEWORK FAQs USEFUL LINKS HOW-TO-GUIDES FORMS

PROGRAMME TYPE ACCESS

Programme Type * : ☐ CITREP ☐ T-Assist Media Courses

YOUR USER ROLES

Name of Organisation :

S/N	ROLE
1.	Course Provider Administrative Officer(CP AO)
2.	Course Provider Approving Authority(CP AA)
3.	Sponsoring Organisation Administrative Officer(SO AO)
4.	Sponsoring Organisation Approving Authority(SO AA)

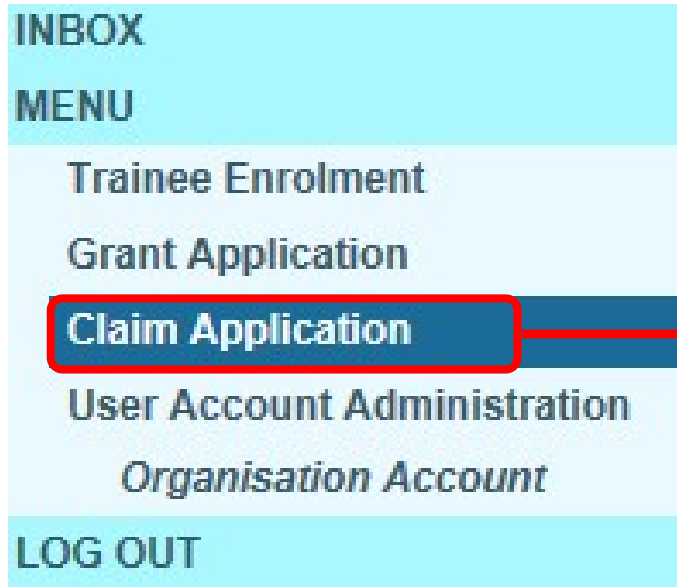
Action:
Select SO AA or SO AO

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



ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Search Claim Application



Action:
Select 'Claim Application'

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

Search Claim Application

Home >> Claim Application

CLAIM APPLICATION SEARCH

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 directly into the bank account as stated in the Organisation Account.

Claim ID : 014395

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 : (dd/mm/yyyy) To : (dd/mm/yyyy)

IMDA AO Approval Date From : (dd/mm/yyyy) To : (dd/mm/yyyy)

Status : -- Select --

Show Only Pending Items : ☐

Search

No records found.

Action:

Enter the desired criteria and
Click 'Search'

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

View Claim Application

INBOX

MENU

Trainee Enrolment

Grant Application

Claim Application

User Account Administration

Organisation Account

SWITCH USER

ROLE/PROGRAMME

LOG OUT

Home >> Claim Application

CLAIM APPLICATION SEARCH

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 directly into the bank account as stated in the Organisation Account.

Claim ID : 014395

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 : (dd/mm/yyyy) To : (dd/mm/yyyy)

IMDA AO Approval Date From : (dd/mm/yyyy) To : (dd/mm/yyyy)

Status : -- Select --

Show Only Pending Items : ☐

Search

Action:

Click the Claim ID to view the details

S/N	Claim ID	Trainee Name	Trainee's NRIC No.	Programme Name	Applicant Name	Total Claim Amount	Status	Action	History
1.	SF/001/CL/201901/014395	Elphine Chia		Skill Framework Programme 001		0.00	Submitted to IMDA	Pending Approval	View History

No. 1 of 1 page(s)
Total records : 1

ICMS CLAIM APPLICATION : SPONSORING ORGANISATIONS

View Claim Application in Details

Mode of Delivery :	Classroom
	CLASSROOM
	Mode of Training : Full-time
	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)
Actual Funding Support Type :	Exam Fees
Total Actual Course Fees :	S\$ 0.00
Total Actual Exam Fees :	S\$ 10.00
Total Course and Exam Fees :	S\$ 10.00
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

APPLICATION ATTACHMENTS	
Documents in Attached Files :	<input type="checkbox"/> test
Upload Files :	UPLOADED FILES
(Max 1 Files/Attachment must be in JPG/PDF/ZIP/XLS/DOC format. Max size is 20MB Per File)	Step by Step Guide for Registration.pdf
	ACTION BY
	SO AO

APPROVED BY SO AA - 21/01/2019	
Remarks :	

Back

Action:
Click Back to return
to the search page