Tripartite Alliance for Dispute Management

File a claim for an Ordinary Branch member

Online Help

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1. Accessing ESOL - File a claim for an ordinary branch member

<u>Steps:</u>

1. Accessing from TADM eService website.

http://www.tadm.sg/eservices/

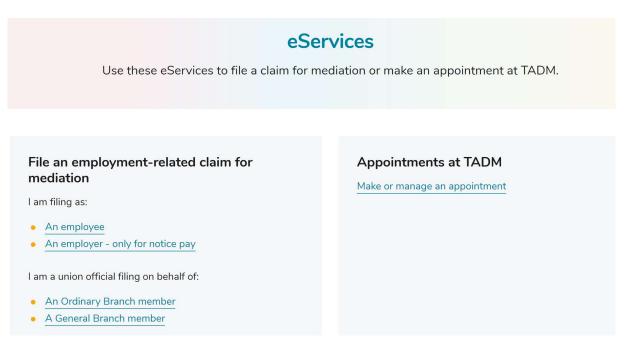


Figure 1

2. Click on 'An Ordinary Branch member' will redirect to 'File a claim for an Ordinary Branch member' landing page.

Back to eServices

(For unions) File a claim for an Ordinary Branch member

For industrial unions to file a salary-related or wrongful dismissal claim on behalf of an Ordinary Branch member.

File using CorpPass

- This service is available 24 hours daily.
- Sign up for CorpPass 🗹 .

Things to note

Who can file	Industrial unions, on behalf of a union member.
Registration fees for mediation	 \$10 if claiming \$10,000 or less \$20 if the claim exceeds \$10,000 Fees are not refundable and are based on the claim amount declared when you file.
Payment methods	You can pay by: • Visa or MasterCard credit or debit cards.

Figure 2

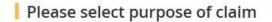
3. Click on 'File using CorpPass' will redirect to Corp pass login page.

	es using CorpPass as a login mechanism!	
More' (below) for more d		
Note: CorpPass will be u	ndergoing maintenance from 12am to 8am on 2 Apr 17 and	will not be available at this time:
		-
	Log in with Corp	Pass
	UEN/ENTITY ID	Ø
	UEN/ENTITY ID CORPPASS ID	© 0
	CORPPASS ID	@

Figure 3 - Corp pass login

4. Enter both your UEN ID, CorpPass ID and CorpPass password and click the button 'Login', After successful CorpPass login, the purpose of claim selection will be displayed. (Refer to Figure 4).

File a claim for an Ordinary Branch member

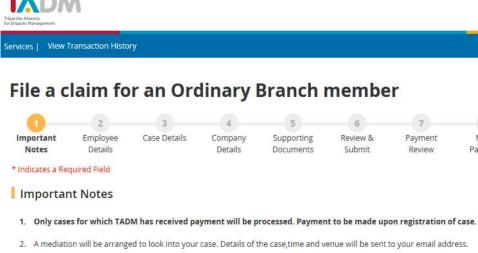


- O My member is wrongfully dismissed and wish to seek compensation/reinstatement
- My member is filing a salary-related claim for mediation





5. After purpose of claim is selected, the page 'File a claim for an Ordinary Branch member' and 'Important Notes' page will be displayed. (Refer to Figure 5).



3. PAYMENTS MADE ARE STRICTLY NON-REFUNDABLE. TADM rejects all requests to refund the registration fees unequivocally.

4. If you are requesting for a Fee Waiver, please download the "Fee Waiver Request Form" here and ensure that the completed Form and all supporting documents are ready to be uploaded at "Supporting Documents" page.

5

6

Review &

Submit

7

Payment

Review

8

Make

Payment

- 5. Incomplete Form or request without any supporting document uploaded will not be processed.
- 6. TADM will not be held liable for any loss or damages incurred arising from any delays in delivery of documents or summons sent to the wrong address or entities.
- 7. All information will be treated as confidential.
- 8. I consent to the collection and use of my personal data by Tripartite Alliance Limited (TAL) c/o TADM. I also consent to the disclosure, between the following parties - (a) TAL c/o TADM, (b) the State Courts, (c) the authorities (including the Ministry of Manpower) and (d) authorised parties (including the National Trade Unions Congress' U Care Centre and Migrant Workers' Centre), of any and all information that these parties may subsequently possess or collect in connection to my claim/dispute.

TAL c/o TADM collects, uses and discloses the data above for the purposes of -(i) providing advisory, mediation and other services for dispute management; (ii) facilitating access to financial/social assistance; (iii) providing assistance with the enforcement of court orders; and (iv) complying with laws, guidelines and directions.

By clicking "OK", I have read, understood and agree to the above paragraphs.

OK

Reset

Welcome KI 🕐 Logout

9

Acknowledgement

Figure 4 – Tick on "Terms and Conditions" and Click "OK" to proceed.

(i) Employee Details

ervices View 1	ransaction Histo	ŋ					Web	come KI 🕐 Logout
File a c	laim fo	r an Or	dinary B	Branch	membe	r		
Important Notes	2 Employee Details	3 Case Details	4 Company Details	5 Supporting Documents	6 Review & Submit	7 Payment Review	8 Make Payment	9 Acknowledgemen
* Indicates a Red	quired Field							
Employe	e Details							
Salutation Select one		•						
Employee's Nan	ne as per NRIC/FI	N						
Employee's NRIG	I or FIN							
Postal Code			Get address	1				
Street Name								
Building Name								
Block/House #								
Floor/Unit #								
Date of Birth		٥						
dd/mm/yyyy Nationality Select one								
Gender) FEMALE							
Marital Status	I LWINEL							
Select one		•						
Educational Quali Select one	fication		-					
Employee's Spoke Select one	n Language							
Handphone								
Home tel								
Office tel								
Email address								
(This email will be u	sed for corresponder	ice on this case.)						
🗆 I do not have	a local address							
Foreign Address	: Line 1							
Foreign Address	i Line 2							
Foreign Address	: Line 3							
< Back Con	tinue Save A	s Draft						Reset

Figure 5 - Employee Details. Page 6 of 33

- 1. If the 'I do not have a local address' is checked, the Postal Code, Street Name and Block/House are non-mandatory. Only 'Foreign address' will be mandatory. The page content will be displayed as below.
- 2. Enter all mandatory fields and click the 'Continue' button. The following 'Case Details' tab will be displayed.

(ii) Trade Union Representative Details

Login 'Union Representative' information is auto populated by system.

File a claim for an Ordinary Branch member 7 .8 6 Important Employee **Case Details** Company Supporting Review & Payment Make Notes Details Details Documents Submit Review Payment * Indicates a Required Field 💮 Trade Union Representative Details

9

Acknowledgement

Union's Name SINGAPORE TRANSPORT VESSEL WORKERS' ASSOCIATION

• Mr Test			
NBC/FIN • 592632178			
Designation + SS			

Figure 6 – Login Union Representative info

File a claim for an Ordinary Branch member

			- 4	5	6	7	8	9
Important Notes	Employee Details	Case Details	Company Details	Supporting Documents	Review & Submit	Payment Review	Make Payment	Acknowledgement
* Indicates a Re	equired Field							
	ment Period							
🕄 Still in em	ployment							
• From		C						
. Are you curn	ently serving notic	e?						
Yes	O NO							
To		0						
dd/men/yyyy								

Figure 7 – If 'Still in Employment' and 'Currently serving notice' is "No", the Employment Period "To" date will reflect current date

	oetails		
Employment Type * Select one	Ť		
* Job Title			
Category of Post * Select one			- 0
* Basic Salary	Select one	•	
e.g. 5\$ 2000 per month			



- 1. For Employment Details part, the page content will vary depending on Employment Type.
 - If 'Employment Type' is 'TERM CONTRACT'

\ominus Employment Details			
Employment Type * TERM CONTRACT	•		
_{Year(s)} Select one			



If 'Employment Type' is 'FULL-TIME', 'PART-TIME', 'TEMPS/CASUAL'

Employment Details			
Employment Type * TEMPS/ CASUAL	•		
* Job Title			
E 11 (1221-127)			
		Figure 10	
O Termination Detail	ls		
Is there an agreed required	termination notice?		
* Select one			
* What is the actual notice	given?		
No Notice Given			
From	Ľ		
dd/mm/yyyy			
То	C		
dd/mm/yyyy			
Duration of notice given:	0 days		
Reason for Claim			
* Select one		T.	
Remarks			
500 Characters Left			

Figure 11 – Fill up the Termination details

Steps:

Under 'Termination Details' section, the page content will vary as such:-

i.e. If 'Is there an agreed required termination notice?' is 'Yes', it is mandatory to answer the following question ' What is the agreed required termination notice period'

Terminatio	n Details		
Is there an agreed	required termination notice?	?	
* YES - AS IN WRIT	ITEN CONTRACT		-
What is the agreed period?	d required termination notice	2	
* 20	DAY(S)	-	
* What is the actu No Notice Giv From 01/02/2018			
dd/mm/yyyy To 28/02/2018	8		
dd/mm/yyyy			
Duration of notion	ice given: 1 month		
Descent for Claim			

Figure 12 – There is an <u>agreed</u> required termination notice

If 'Is there an agreed required termination notice? Is 'NO - NO AGREEMENT'

Termination Details		
Is there an agreed required to	ermination notice?	
* NO - NO AGREEMENT		-
* What is the actual notice g	iven?	
No Notice Given		
From 01/02/2018	8	
dd/mm/yyyy		
To 28/02/2018	٥	
dd/mm/yyyy		
Duration of notice given: 1	month	
Reason for Claim		
* Select one		•
Remarks		
500 Characters Left		

Figure 13– There is <u>no agreed</u> required termination notice

Page **10** of **33**

If 'What is the actual notice given?' is 'No Notice Given'

Termination Details	
Is there an agreed required termination notice?	
* NO - NO AGREEMENT	•
 ★ What is the actual notice given? ☑ No Notice Given 	
Reason for Claim * RESIGNED WITH FULL/ SOME NOTICE	Ŧ
Remarks	
500 Characters Left	



If 'Reason for Claim?' is 'OTHERS'

Termination Details	
Is there an agreed required termination notice?	
* NO - NO AGREEMENT	
* What is the actual notice given?	
No Notice Given	
Reason for Claim * OTHERS	-
If others, please state	
Remarks	
500 Characters Left	

Figure 15 – Reason for Claims – Others

2. If the 'Purpose of claim' selection (Refer to Figure 3 - Purpose of Claim selection) is "My member is filling a salary-related claim for mediation", the following case details panel will be displayed:

🖯 Case Details					
Claim Type Select one				-	
Period of Claim From	۵				
dd/mm/yyyy					
Period of Claim To	8				
dd/mm/yyyy					
Duration	Duration Type Select one	-			
Amount					
Remarks					
100 Characters Left					
Add Claim Items	Cancel				
-			DURATION	CLAIM AMOUNT	REMARKS

Case Details

Figure 16– Case Details panel for salary claim

Tips to fill up the claim items:

The Claim items list is searchable by typing key words and the claim items are categorized. Click "Add Claim items" button to add the claim items and Click "Cancel" button to clear the selection.

	Claim Type alary	
	SALARY IN LIEU OF NOTICE	^
	NON/SHORT PAYMENT OF SALARY	
	NON/SHORT PAYMENT OF SALARY DUE TO SALARY DEDUCTION	
	SALARY IN LIEU OF PAID MATERNITY NOT CONSUMED DURING THE PERIOD OF 4 WEEKS BEFOR E CHILD DELIVERY	
	NON/SHORT PAYMENT OF SALARY WHILE ON SICK LEAVE	
	NON/SHORT PAYMENT OF SALARY WHILE ON ANNUAL LEAVE	
1	NON/SHORT PAYMENT OF <u>SALARY</u> WHILE ON PAID MATERNITY LEAVE	~

Figure 17 – Select the Claim items and "Add Claim items"

CLAIM TYPE		PERIOD OF CLAIM	DURATION		REMARKS		
NON/SHORT PAYN AL LEAVE	IENT OF SALARY WHILE ON ANNU	01/10/2017 - 01/10/2017	1 MONTH (S)	10000	test	Select action	•
tal Claim Amount (\$) 1000							

Figure 18– After Click "Add Claim items" the claim item is added to the claim item listing

CLAIM TYPE	PERIOD OF CLAIM	DURATION	CLAIM AMOUNT	REMARKS	
NON/SHORT PAYMENT OF SALARY	01/03/2019 - 02/03/2019	2 WEEK(S)	555		Select action +
tal Claim Amount (\$) 55					Remove

Figure 19- Claim items list

Tip:

Click on the 'Edit' link to edit the claim items from the added claim item list. Click on the "Remove" link to remove the claim item from the added claim item list. Click on the 'Reset' link to clear the entered details on the current form. Click on the 'Save As Draft' to save the application details before submission. Click "Continue" to go to next tab.

3 If the 'Purpose of claim' selection (Refer to Figure 3 - Purpose of Claim selection) is "My member is wrongfully dismissed and wish to seek compensation/reinstatement", the following Case details panel will be displayed:

⊖ Case Details		
Claim Tons		
Claim Type * Select one	•	
100 M 100 M 10		
* Amount		
Remarks		
1000 Characters Left		
1000 Characters Leit		

Figure 20 – Case Details panel for Dismissal Claims



Claim Type

* COMPENSATION FOR WRONGFUL DISMISSAL

Select one

COMPENSATION FOR WRONGFUL DISMISSAL

REINSTATEMENT FOR WRONGFUL DISMISSAL

COMPENSATION FOR WRONGFUL DISMISSAL DURING PREGNANCY

REINSTATEMENT FOR WRONGFUL DISMISSAL DURING PREGNANCY

Figure 21 – Select Claim type from list

• If 'Reinstatement for wrongful dismissal' is selected:

Claim Type REINSTATE	MENT FOR WRONGFUL DISMISSAL	
	he Employment Act, employees are considered wrongfully dismissed if the dismissal was without just or sufficient cause. Examples icient cause include poor performance, misconduct or redundancy.	ofjust
	ave been wrongfully dismissed, you may submit a claim for wrongful dismissal within 1 month from the last day of your employmer iired to prove your claim for the wrongful dismissal. ore	t. You
Were you	terminated with notice period/salary in-lieu of notice?	
O Yes	No	
. Were you	informed of your termination in writing?	
Yes	O No	
What was ti Select one	he reason cited in your termination letter?	
Please elab	borate on why your dismissal was wrongful.	
1500 Chara	acters Left	

Figure 22 – For Claim type ' Compensation for wrongful dismissal/Reinstatement for wrongful dismissal', series of questions will appear depending on the selection

\ominus Case Details	
Claim Type * COMPENSATION FOR \	WRONGFUL DISMISSAL DURING PREGNANCY
dismissal without su To qualify for this m	ent Act (EA) and Child Development Co-savings Act (CDCA), you may have maternity protection against redundancy and fficient cause during pregnancy. aternity protection, you must have: remployer for at least 3 months before receiving the notice of dismissal or retrenchment.
and a constant of the second	regnant by a Singapore registered medical practitioner before receiving the notice of dismissal or retrenchment.
	aim after the dismissal and within 2 months of the birth of your child.
★ Certified pregnant by a ● Yes O No	Singapore registered medical practitioner before receiving the notice of dismissal or retrenchment
Date of certification of *	pregnancy by a Singapore registered Medical Practitioner
dd/mm/yyyy	
Date you were notified	of your termination
*	
dd/mm/yyyy	
Will your child be a Singa	our child, please provide the date of birth. If you have not delivered your child, please provide the estimated date of delivery (EDD) pore citizen?
+ What is your child's birth	order
O 1st O 2nd	O 3rd O 4th and above
	h notice period/salary in-lieu of notice?
O Yes O No	
Why do you think your d below	ismissal was wrongful? Please provide specific incidents to support your claim, including witnesses, dates and time of incidents
1500 Characters Left	
* Amount	
Remarks	
1000 Characters Left	

Figure 23 – For Claim type ' Compensation for wrongful dismissal during pregnancy/Reinstatement for wrongful dismissal during pregnancy', series of questions will appear depending on the selection

Additional Information				
Allowance				
ТҮРЕ		AMOUNT		
	•	S\$	-	Add
No. of working days/ week				
* Select one	-0			
* Select one	100			
No. of rest days/ week		1		
	- 0	1		
No. of rest days/ week				

Under 'Additional Information' section, select and enter the 'Allowance Type' and Amount. Any amendments can be done by clicking on 'select actions' to either 'edit' or 'remove'. The page content will vary depending on 'No. of rest days/week'.

If 'No. of rest days/week' is 'FIXED REST DAY'

Additional Information				
Allowance				
ТҮРЕ		AMOUNT		
	*	S\$	· · ·	Add
No. of working days/ week	1.24			
* Select one	- 0			
No. of rest days/ week * FIXED REST DAY	-0			
A TIALD INLEST DAT				
If fixed rest day, please state * SUNDAY				

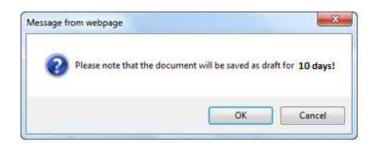


If 'No. of rest days/week' is 'NO REST DAY', 'BY ROSTER'

Allowance					
ТҮРЕ		AMOUNT			
		S\$			Add
No. of working days/ w	eek				
Select one	- 0				
No. of rest days/ week BY ROSTER	- 0				
			Figure 25		
🖕 ls pay slip	provided?				
O Yes					
• Is paymen	t of salary made el	ectronically?			
O Yes					
Frequency	of Salary Payment				
• OTHERS		*			
-					
100000000000000000000000000000000000000	please state				

Figure 26 – If Frequency of payment is "Others", the details need to be entered.

Click on 'Save As Draft' button, a pop up window will be displayed. Click on the 'OK' to save the form details before submission. You will see the message showing the draft record saved successfully.



File a claim for an Ordinary Branch member

			4	5	6	7	8	9
Important	Employee	Case Details	Company	Supporting	Review &	Payment	Make	Acknowledgemen
Notes	Details		Details	Documents	Submit	Review	Payment	
Succes								
Draft record	d saved successfu	ully						
Draft recor	d saved successfu	ully						
		ully						
Indicates a Re								

Figure 27

To proceed with lodgment, tick check box 'I agree to file under the Employment Claims Act' and click on "Continue" button. Otherwise a prompt will be displayed, refer to figure 30.

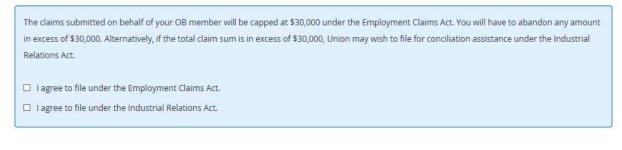






Figure 29 – Notice to file under Industrial Relations Online

Important	Employee	Case Details	Company	5 Supporting	6 Review &	7 Payment	8 Make	9 Acknowledgemen
Notes Indicates a Re	Details		Details	Documents	Submit	Review	Payment	
Compan	y Details							
* Company Nar	ne		Search					
Company UE	4							
* Postal Code			Get address					
* Street Name								
Building Nam	e							
Block/House	ŧ							
Floor/Unit #								
-								
Com	pany's (Correspo	ondence	Details				
Salutatio	n							

Select one	
Designation	
Contact	 Add another
Email Address	

Figure 30 – Company Details Tab

- 1. Click on the 'Search' button to search a company name, it will display a 'Company Lookup' page in a separate new window.
- 2. Enter the name of the company involved and click the 'Search' button.

Company Lookup

Company Name	Search	
UEN/ID	COMPANY NAME	ADDRESS
Cancel		
	Figure 31	
	9	
Company Lo	okup	
Company Lo Company Name % %	Search	Page 1 2 3 4 5 6 7 8 9 10 > »
Company Name	Search	Page 1 2 3 4 5 6 7 8 9 10 > > ADDRESS
Company Name % %	Search 181 items	
Company Name % % UEN/ID	Search 181 items COMPANY NAME	ADDRESS
Company Name % % UEN/ID 200815216N	Search 181 items COMPANY NAME D. INK PTE. LTD.	ADDRESS
Company Name % % UEN/ID 200815216N 197000334W	Search 181 items COMPANY NAME D. INK PTE. LTD. ABB PTE. LTD.	ADDRESS Select Select

Figure 32

3. Click on 'Get address' button on 'Company Details' page after entering the Postal Code (Refer to Figure 31), if there is an address found for this Postal Code, the company address will be loaded into Text Box. If no address found for this Postal Code, there is a pop up window as below.

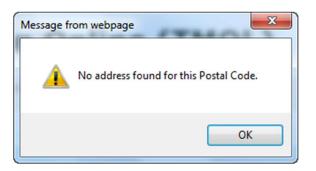


Figure 33

- 4. Click on 'Add another' to add another Contact Number.
- 5. Enter all mandatory fields and click the 'Continue' button. The following 'Supporting Documents' tab will be displayed.



Supporting Documents

Please prepare the soft copies of your documents. **0** Each file size must be less than 10 MB and the maximum size for all files is 25 MB.

I do not have a copy of my Employment Contract/ Key Employment Terms (KET)

Please upload the files one by one

* Em	nployment Co	tract/ Key Employment Terms (KET)	
<u>(</u>	T	Select file File size must be less than 10 mb No File Selected Upload	
NRIC/	FIN/Passport		
	\mathbb{T}	Select file File size must be less than 10 mb No File Selected Upload	
Other	Document		
	\mathbb{T}	Select file File size must be less than 10 mb Please enter description of the document	
		No File Selected	
Fee W	aiver Request	& Supporting Document	
	urren nequest	Select file	
	$\overline{\uparrow}$	File size must be less than 10 mb No File Selected	
< Back	Continue	Save As Draft	Reset

Figure 34

If 'I do not have a copy of my Employment Contract / Key Employment terms (KET)' is checked, the Employment Contract / Key Employment terms (KET) is not a mandatory file. The page content will be displayed as below.

Supporting Documents

Please prepare the soft copies of your documents. **1** Each file size must be less than 10 MB and the maximum size for all files is 25 MB.

☑ I do not have a copy of my Employment Contract/ Key Employment Terms (KET)

Please upload the files one by one

Employment Cor	itract/ Key Employme	nt Terms (KET)
F	Select file File size must be l	ess than 10 mb
4.	No File Selected	Upload

Figure 35

- 1. Click on 'Select file' to browse the Employment Contract / Key Employment terms (KET) you want to upload. Click on 'Upload' button to upload the required file.
- 2. Click on 'Select file' to browse the other document you want to upload. Enter the file description and click on 'Upload' button to upload the required file.
- 3. After files are uploaded successfully, it will show the uploaded file description and name. If you want to delete the uploaded file, you can click the 'Delete' link.
- 4. Click on the 'Continue' button. The following 'Review & Submit' tab will be displayed.
 - a. By default data will be in collapsed mode, click on Expand to expand all the panels in the accordion and click on Collapse to collapse the accordion control

Important Notes	Employee Details	Case Details	Company Details	Supporting Documents	Review & Submit	7 Payment Review	8 Make Payment	9 Acknowledgemer
To expand/coll			betans	botamento	Summe	nenen	rayment	
O Expand	Ollapse							
	e Details							
🕀 Trade Ur	nion Representa	ative Details						
	nent Period							
① Case Det	ails							
🕀 Termina	tion Details							
	nent Details							
	al Information							
① Compan	y Details							
① Compan	y's Correspond	ence Details						
K Back Cor	ntinue Save A	s Draft Print D	raft					Reset
K Back Cor	ntinue Save A	s Draft Print D	raft					

Collapse screen

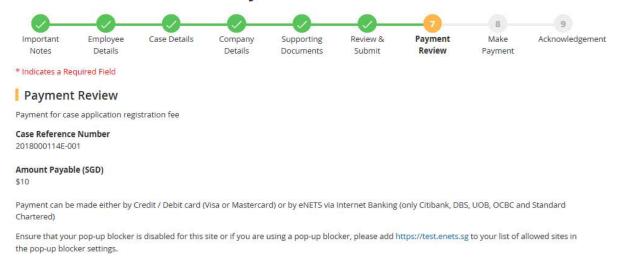
		~	~			٥	2
Employee Details	Case Details	Company Details	Supporting Documents	Review & Submit			Acknowledgemer
ipse all panels							
O Collapse							
e Details							
							Make Changes
							Make Changes
s Name as per N	RIC/FIN						
s NRIC or FIN							
ion Representa	tive Details						
	UNION						2 Make Changes
esentative's Na	me						
contractice of the							
nent Period							
							🖉 Make Changes
ails							
							The second
							Make Changes
	Details apse all panels O Collapse e Details s Name as per N s NRIC or FIN ion Representa me tAILORING TRADS resentative's Na	Details appea all panels O Collapse e Details e Details s Name as per NRIC/FIN s NRIC or FIN ion Representative Details me TAILORING TRADE UNION resentative's Name nent Period ant Period ant Period	Details Details appeall panels O Collapse Collapse e Details e Details s Name as per NRIC/FIN s Name as per NRIC/FIN s NRIC or FIN ion Representative Details me TAILORING TRADE UNION resentative's Name nent Period 5 T0 12/12/2017	Details Details appe all panels O Collapse e Details e Details s Name as per NRIC/FIN s NRIC or FIN ion Representative Details ment Period ent Period 5 To 12/12/2017	Details Details Details appeal Ipanels O Collapse e Details s Name as per NRIC/FIN s NRIC or FIN ion Representative Details ment Period s To 12/12/2017	Employee Case Details Company Supporting Review & Paymen Details Documents Submit Review appeal panels O Collapse e Details s Name as per NRIC/FIN s NRIC or FIN ion Representative Details me TAILORING TRADE UNION resentative's Name	Employee Case Details Company Supporting Review & Payment Make appealls Details Documents Submit Review Payment appeall appeall Collapse Payment Payment e Details e Details s Name as per NRIC/FIN s NRIC or FIN ion Representative Details me tailors TRADE UNION resentative's Name and Period ails

Expand page- illustration only

Figure 36

- 1. By clicking on the 'Make Changes' button will redirect the user to the respective tab, for the necessary amendment.
- 2. To print draft, click on the 'Print Draft' button.
- 3. Before selecting "Continue", read and check under the 'Declaration' section
- 4. By selecting the "Continue" button, the following Payment Review tab will be displayed.

File a claim for an Ordinary Branch member

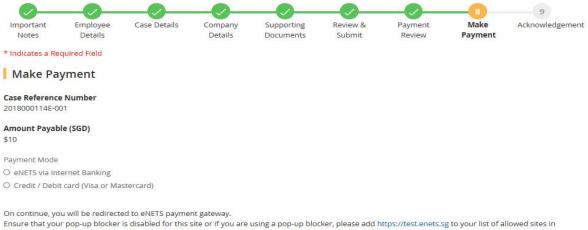


Continue

Figure 37 – Payment Review

5. Click on "Continue" button, 'Make payment' tab will be displayed.

File a claim for an Ordinary Branch member



Ensure that your pop-up blocker is disabled for this site or if you are using a pop-up blocker, please add https://test.enets.sg to your list of allowed sites in the pop-up blocker settings.

Cancelling or not choosing to make payment via this page will result in your claims not being lodged. If you wish to make payment subsequently, you may wish to note the above case reference.



Figure 38

6. Choose the payment mode and click "Continue" and you will be redirected to the page.



Figure 39

Click on the 'Print Acknowledgement' button to print the acknowledgement form. **Note: User must remember to print the acknowledgement.**

Click on the 'View draft mediation request/submitted mediation requests' to return to the ESOL Dashboard. The Dashboard will show listing of all the cases submitted by user to date. For claims saved as draft will be based on the 'Purpose of Claim' selected i.e. either 1) My member is wrongfully dismissed and wish to seek compensation/reinstatement or 2) My member is filing a salary-related claim for mediation.

_		-		÷
-			0.1	Δ.
			IM	ъ
	ar 🖷 🔍	1000	a u	п.
Terrate	in Advance			

if y if y Ui Si	ile a claim f ou wish to withdraw your o ou wish to withdraw your o nion Name NGAPORE TRANSPORT VES	salary claims, please send dismissel claims, please si	us the completed w and us the complete	withdrawal form			
	CASE	NAME OF COMPANY	SUBMISSION DATE	STATUS	SUPPORTING DOCUMENTS	CASE TYPE	E-PAYMENT STATUS
â	DRAFT asdf	ABB PTE, LTD,	28-Feb-2018	Submitted		Salary Claims	Not Paid
1	2018001093E-001 MR TEST	ABC AGENCY PTE. LTD.	12-Dec-2018	Processing	View Uploaded File	Salary claims	Paid Amount:\$10 Payment Date/Time:12 Dec 2018 06:07 PM Receipt No.: 20181212180720898

Figure 40

If E-payment status is PAID, clicking on the case reference number will print the Claim form.

ART 1 - EMPLOYEE DETAIL	0						
AME OF EMPLOYEE							
AS IN NRIC /WORK	1	DIANA	EMPL PROFI	DYMENT LE	:	SINGAPOR	ECITIZEN
MPLOYEE PIN	:	S8361139A	GEND	ER	:	FEMALE	
ATE OF BIRTH	:	01/03/1990	ADDRI SINGA	ESS IN PORE	:	BLK NA, SINGAPORI BUILDING, BEDOK SOI SINGAPORI	
OME TEL	15		OFFIC	ETEL	1	66234577	
ANDPHONE	:		EMAIL	ADDRESS	3		
OREIGN ADDRESS	:		RACE		:	CHINESE	
ARITAL STATUS	:	SINGLE	NATIC	NALITY	:	SG SINGAP	ORE CITIZEN
IGHEST EDUCATION	:	DEGREE	LANG	JAGE USED	:	ENGLISH	
PART 2 - EMPLOYMENT PRO	FILE						
VRITTEN MPLOYMENT		YES	PAYO	IP PROVIDED		YES	
ONTRACT		120				125	
F YES, RECEIVE A OPY?	:	YES	E-PAY SALAF	MENT OF	:	YES	
NION MEMBER	:						
ATEGORY OF POST	:		JOB T	PATION	-	- OFFICER	
MPLOYMENT	:	Already Left Employment		DATE	:	01/03/2012	
ERIOD			END D	ATE		01/03/2014	
MPLOYMENT TYPE		FULL-TIME		TH OF SERVICE			Ionths 1 Days
ASIC SALARY	:	2500 PER MONTH		VANCE	;		CE: 50 PER
REQUENCY OF ALARY PAYMENT	;	MONTHLY		AGE NO OF ING DAYS IN A	e	6 DAYS	
EST DAY	:	FIXED REST DAY ON SATURDAY	LEAVI	ON FOR NG DYMENT	RESIGNED WITH FU		
ERMINATION NOTICE							
			TO		ä		
PART 3 - DETAILS OF CLAIM				24			
LAIMANT NAME		:	DIANA				
CLAIM NON-PAYMENT			ATION NTH(S)	START DATE 01/12/2013		ND DATE 1/12/2013	REMARKS
PART 4 - REMARKS							

Figure 41

2. Dashboard

erv	ices View draft mediatic	in requests/ submitted m	ediation requests				Welcome SSI 🔮 Logo
F	ile a claim f	for an Ordi	inary Bra	anch m	ember		
	ou wish to withdraw your s ou wish to withdraw your o						
	nion Name	aismissai ciaims, piease si	ena us are compres	co withorawai ito	m		
	NGAPORE TRANSPORT VES	SEL WORKERS' ASSOCIAT	ION				
1	File Case						
	CASE	NAME OF COMPANY	SUBMISSION DATE	STATUS	SUPPORTING	CASE TYPE	E-PAYMENT STATUS
ä	DRAFT asdf	ABB PTE. LTD.	28-Feb-2018	Submitted		Salary Claims	Not Paid
							Paid Amount : \$10
ĩ	2018001093E-001	ABC	12-Dec-2018	Processing	View Uploaded	Salary	Payment Date/Time : 12
Ċ.	MR TEST	AGENCY PTE. LTD.	12-000-2010	Processing	File	claims	Dec 2018 06:07
							Receipt No. :

Figure 42

2.1 Case List

With reference to Item 1 in Figure 41, the case list page will

- Display all cases submitted by user to date in ascending order of submission date by default.
- Show draft cases saved depending on the 'Purpose of claim' selected (Example: If the purpose of claim (Refer to Error! Reference source not found.) is "Wrongfully dismissed and wish to seek compensation/reinstatement", only the 'Dismissal claims' draft cases will be displayed.
- Allow user to sort the column accordingly at the header.
- Redirect user to the registration page which is pre-populated with previously saved entries when the 'draft' link is selected.
- Display the case registration form in a separate new window (refer to Figure 42) when the 'case' link is selected.

2.2 File Case

With reference to Item 2 in Figure 41, the 'File Case' button allows a user to file a case against the employer. By clicking on 'File Case' button, it will redirect to page.

2.3 Delete

With reference to Figure 44, the 'Delete' button allows a user to delete drafts saved in the system.

ervices View draft me	diation requests/ submitted m	ediation requests				Welcome 55! 🔿 Logo
File a clain	n for an Ord	inary Br	anch m	ember		
	your salary claims, please send your dismissal claims, please s					
Union Name	for earliest court proves	end as the complete				
SINGAPORE TRANSPOR	T VESSEL WORKERS' ASSOCIAT	ION				
File Case						
CASE	NAME OF COMPANY	SUBMISSION DATE	STATUS	SUPPORTING DOCUMENTS	CASE TYPE	E-PAYMENT STATUS
DRAFT asdf	ABB PTE, LTD,	28-Feb-2018	Submitted		Salary Claims	Not Paid
2018001093E-001 MR TEST	ABC AGENCY PTE. LTD.	12-Dec-2018	Processing	View Uploaded File	Salary claims	Paid Amount: \$10 Payment Date/Time: 12 Dec 2018 06:07 PM Receipt No. 20181212180720898

Figure 43

Note: This feature is not applicable for cases which have been submitted to MOM.

Steps:

1. Select previously saved drafts from the list.

Tip: Allows multiple selections.

2. Click on the Delete Button.

2.4 Pagination Controls

With reference to Figure 45, the pagination controls allow user to traverse through the pages in the case list.



Serv	ices View draft mediatic	on requests/ submitted m	ediation requests				Welcome SSI O Logout
	ile a <mark>claim</mark> f						
	you wish to withdraw your you wish to withdraw your (
1.1	nion Name NGAPORE TRANSPORT VES	SEL WORKERS' ASSOCIAT	ION				
	File Case					78 item	s Page 1 2 > >
	CASE	NAME OF COMPANY	SUBMISSION DATE	STATUS	SUPPORTING DOCUMENTS	CASE TYPE	E-PAYMENT STATUS
	DRAFT asdf	ABB PTE, LTD,	28-Feb-2018	Submitted		Salary Claims	Not Paid
0	2018001093E-001 MR TEST	ABC AGENCY PTE, LTD.	12-Dec-2018	Processing	View Uploaded File	Salary claims	Paid Amount : \$10 Payment Date/Time : 12 Dec 2018 06:07 PM Receipt No. : 20181212180720898

Figure 44

Tip: The list can only accommodate up to 5 records per page. It will be easier to search by sorting the list first, before traversing through the pages.

2.5 Quick Links

With reference to Figure 44, the quick links will be available throughout ESOL (on any transaction).

Serv	ices View draft mediati	on requests/ submitted m	ediation requests				Welcome 55!	O Logo
F	ile a claim	for an Ordi	inary Bra	anch m	ember		l	
	you wish to withdraw your you wish to withdraw your							
1.07	Martin Carlo - Carlo Carlo - Martin	dismissal ciaims, piease si	ena us the complete	co withorawai to	rm.			
1.1	nion Name INGAPORE TRANSPORT VE	SSEL WORKERS' ASSOCIAT	ION					
	File Case							
	CASE	NAME OF COMPANY	SUBMISSION DATE	STATUS	SUPPORTING DOCUMENTS	CASE TYPE	E-PAYMENT STATUS	
0	DRAFT asdf	ABB PTE, LTD,	28-Feb-2018	Submitted		Salary Claims	Not Paid	
		ABC AGENCY PTE. LTD.	12-Dec-2018	Processing	View Uploaded File	Salary claims	Paid Amount : \$10	
	2018001093E-001						Payment Date/Time : 12	
0	MR TEST						Dec 2018 06:07	8
							PM Receipt No. : 201812121807	10000

Figure 46

View Draft mediation requests/ Submitted mediation requests: Allows user to view or continue their lodgment at any point of transaction.

Logout: Allows user to end the session securely and return back to TADM website.

Tip: Similar to Quick Links, they will be available throughout at any point of transaction.