

NTUC Care Fund (Work Injury Relief) Application Form for NDCA/ NPHVA/ NTA Members

NTUC Care Fund (Work Injury Relief) provides a one-time [\\$250 FairPrice Voucher](#) to eligible NDCA/ NPHVA/ NTA members to help ease their financial burden as a result of injuries sustained in the course of freelance point-to-point drivers or delivery members. He/ she is likely to receive the voucher about 3 working days after the submission of the completed application form and all required supporting documents. Successful applicants would be contacted via email and mobile number and arrangements would be made for the association to pass the vouchers to the successful applicant in person. The decision by NDCA/ NPHVA/ NTA on the outcome of the application shall be final.

CRITERIA

Members* can apply for the NTUC Care Fund (Work Injury Relief) if they fulfill the following criteria: -

1. Must be a member of NDCA/NPHVA/NTA with at least 3 months of membership with no arrear(s).
2. Provide proof of work as a freelance point-to-point driver or food/parcel delivery worker.
3. Provide proof that injury is sustained in the course of freelance point-to-point transport or delivery work.
4. Must be prescribed medical/ hospitalisation leave (ML/ HL) of 5 or more continuous days at a single consultation, issued by local Government certified medical officer or any Singapore registered private medical practitioner.
5. Application must be submitted within 2 weeks from the issue date of ML/ HL (if member is not hospitalised), OR 2 weeks after member is discharged from the hospital.
6. Issue date of ML/HL must not be more than 2 weeks from the date of the work Injury.
7. Must not have been granted the NTUC Care Fund (Work Injury Relief) on more than two instances in the same calendar year. (January to December).

**Member who is either working as Private Hire Driver / Limousine Driver / Combi-Bus Driver / Taxi (Meter) / Taxi (App) Driver / Parcel or Food Delivery Driver/Rider/Walker.*

All completed forms must be returned to NDCA/NPHVA/NTA together with the following applicable documents: -

| Criteria | Supporting Documents Required |
|---|---|
| #Proof of Work as a delivery worker/point-to-point driver | <ul style="list-style-type: none"> • Screenshot of platform app/contract/other proof showing your name and job |
| Proof of Injury Sustained | <ul style="list-style-type: none"> • Copy of medical certificate and/ or doctor's report, police report, media report (if applicable). |

PROOF OF WORK

Platform Work:

One hour before the commencement of the first job (advance booking, scheduled work, shift work) and one hour after the completion of the last job as part of the working hours. This includes the time waiting for new orders/jobs or when heading to the pick-up point.



Non-Platform Work:

Taxi (Meter):

- One hour before turning on MDT System and one hour after turning off MDT System.
- Submit operator's report showing MDT System activation time, or proof of On Call/ Job, e.g., Receipt of job or log-book.

Combi-Bus:

- One hour before start of first job and one hour after completion of last job.
- Submit contract with school/company or invoice of the trip; or job request from phone message.

Limousine:

- One hour before start of first job and one hour after completion of last job.
- Submit contract or invoice of the trip; or job request from phone message.

Parcel Delivery:

- Submit delivery contract.
- Additional proof of work is required IF the work injury sustained outside standard working hours (Mon-Fri 7am-10pm, Sat 7am-6pm).

APPLICATION FORM

I. DETAILS OF INJURY

(Please state your nature of injury with supporting documents such as medical certificate, doctor's report, hospitalisation bill, police report or media report (if applicable) for the claim to be reviewed)

| | |
|--|---|
| a. Location of Injury | |
| b. Date & Time of Injury & Time of First Job Started | |
| c. Type of Injury [pls attach pictures, if any] | |
| d. Details of Medical/ Hospitalisation Leave | (Please state dates of ML/ HL and name of clinic/ hospital) |

II. PARTICULARS OF MEMBER

| | | | |
|--|---|---|--|
| a. Membership (*delete accordingly) | NDCA / NPHVA / NTA | | |
| b. Full Name (as in NRIC/Passport) | | | |
| c. NRIC/FIN (Last 4 Characters) | | g. Platform/ Taxi Operator/ Company Name of job where you got injured | |
| d. Date of Birth (DD/MM/YYYY) | | | |
| e. Mobile Number | | | |
| f. Type of Work (*delete accordingly) | Food Delivery / Parcel Delivery / Private Hire / Limousine / Combi-Bus / Taxi (Meter) / Taxi (App) | | |



III. DECLARATION BY APPLICANT

- I, declare that I have understood and complied with the eligibility criteria stated in this application form, that the particulars stated in this application form are true and correct, and that I have not wilfully withheld any material fact.
- I acknowledge that I may be required to furnish other supporting documents for verification and audit purposes.

Collection, Use and Disclosure of Personal Data

- I consent to my personal data being collected, used, and retained by NDCOA/NPHVA/NTA for the purposes of:
 - Processing, administering, and managing my application for the NTUC Care Fund (Work Injury Relief) and carrying out verification and updates of my membership status and/or information I have provided in this application form.
- I further declare that the information pertaining to my accident, injury and medical report(s) are true and correct.
- I acknowledge that the collection, use, disclosure, and retention of my NRIC/FIN number as required in this application form, is necessary to accurately establish my identity to a high degree of fidelity in relation to my application for the NTUC Care Fund (Work Injury Relief).
- I consent to my personal data being disclosed by NDCOA/NPHVA/NTA to authorised third parties for the latter to collect, use and retain my personal data for the purposes of processing, administering, and managing my application and for audit purposes.
- I will inform NDCOA/NPHVA/NTA immediately of any changes to my contact details and/or personal data in order that NDCOA/NPHVA/NTA is able to contact me for all matters relating to the NTUC Care Fund (Work Injury Relief).
- I consent to be contacted by NDCOA/NPHVA/NTA via email, text messages, calls and/or post for matters relating to my application for the NTUC Care Fund (Work Injury Relief) and other membership matters, as well as to obtain my opinion/feedback on such matters.
- I understand that any attempt to engage in fraudulent activity vis-à-vis this NTUC Care Fund (Work Injury Relief) will result in immediate disqualification from future NTUC financial assistance.
- I understand that the decision made by NDCOA/NPHVA/NTA on the outcome of this application shall be final.

For enquiries on personal data protection matters, please email to dpo@ntuc.org.sg

For enquiries, please email to:

NDCOA: ndca@ntuc.org.sg

NPHVA: nphva@ntuc.org.sg

NTA: nta@ntuc.org.sg

Signature of Applicant

Date

Or

Proxy – Submitting on Behalf of Member

Name

Relationship to Member

Contact

Signature

Date

For official use

Application Number: Eg. NDCA-2024-01

Date of Submission:

Processed By (Staff Name):

Application Outcome: APPROVED / NOT APPROVED

Approved By (ES/President/GS Name): _____

Signature and Date of Approval: _____

ANNEX A – Documents to be Submitted

Platform Work

- Screenshot of Active Job status on Platform Operator App, showing member’s name
- Screenshot of Job timing that tallies with injury time
- MC/HL of minimum 5 days
- Photo, Police report, etc. (Optional)
- Proof of Work Schedule/Shift/Advance Booking (for injury sustained before first Job)

Non-Platform Work

Taxi (Meter):

- Operator's report showing MDT System activation time, or proof of On Call/ Job, eg. Receipt of job or log book
- MC/HL of minimum 5 days
- Photo, Police report, etc. (Optional)
- Proof of Work Schedule/Shift/Advance Booking (for injury sustained before first Job)

Combi-Bus and Limousine:

- Contract or invoice of the trip; or job request from phone message
- MC/HL of minimum 5 days
- Photo, Police report, etc. (Optional)
- Proof of Work Schedule/Shift/Advance Booking (for injury sustained before first Job)

Parcel Delivery:

- Parcel Delivery Contract or parcel job proof
- MC/HL of minimum 5 days
- Photo, Police report, etc. (Optional)
- Additional proof of work IF the member sustained the work injury outside standard working hours (Mon-Fri 7am-10pm, Sat 7am-6pm)

Submit duly completed application form with all documents and email to:

- | | |
|---|---|
| 1. For Food / Parcel Delivery Workers- | NDCA: ndca@ntuc.org.sg |
| 2. For Private Hire / Limousine / Combi-Bus Driver- | NPHVA: nphva@ntuc.org.sg |
| 3. For Taxi Drivers- | NTA: nta@ntuc.org.sg |