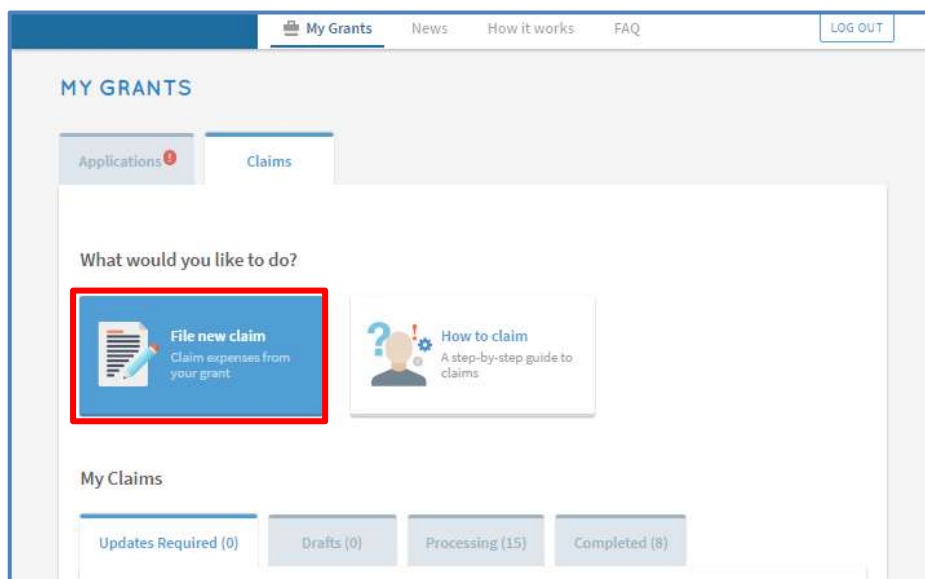


Claims Submission

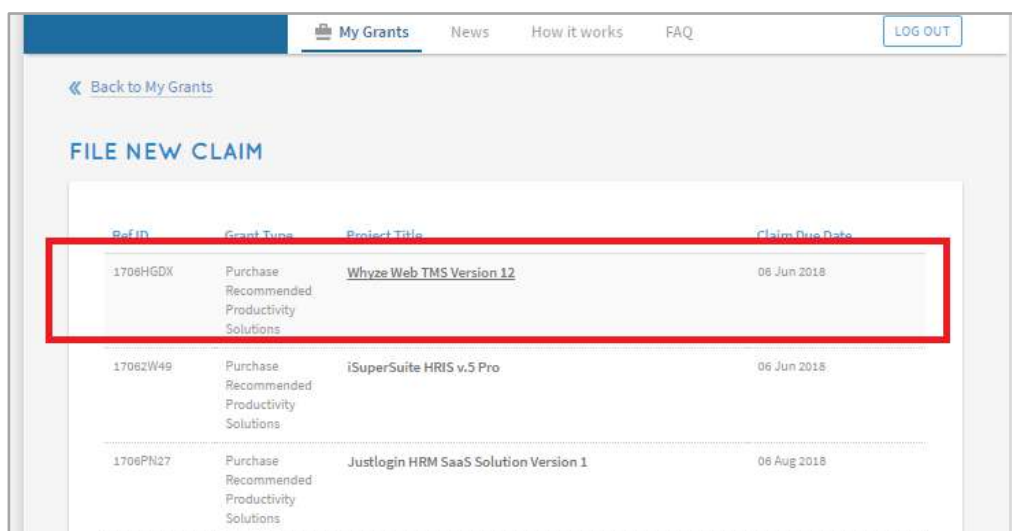
Step 1/6: Login

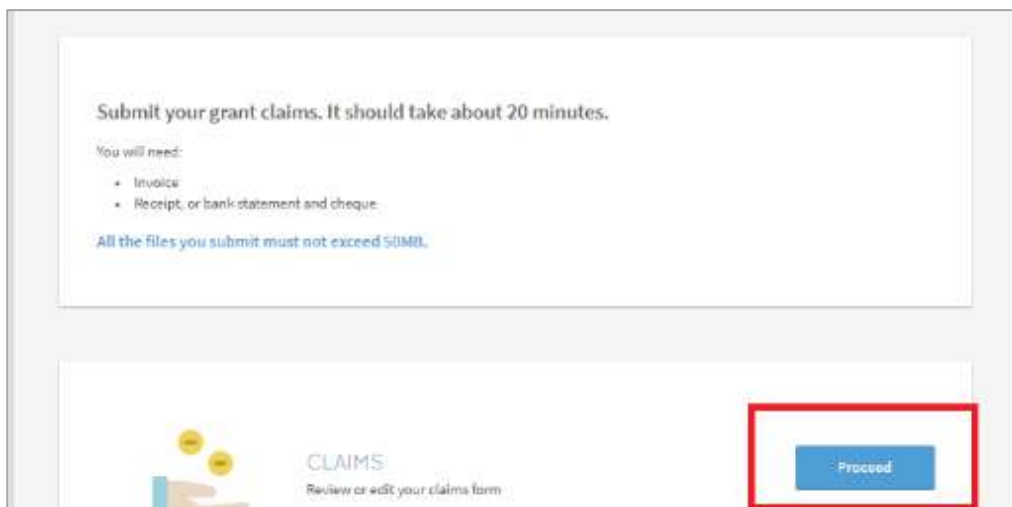
- Login to BGP > My Grants > Claims
- Click on 'File new claim'



Step 2/6: Select grant

- Select approved grant you wish to claim for
- Click 'Proceed'





Step 3/6: Contact Details

- Fill in your contact details

[← Back to Claim Actions](#)

Same as previous submission

Contact Details 3

Claim Information

Business Outcomes

Declare & Review

Main Contact Person

The person submitting this claim is the main contact person. Notifications about the claim will be sent to them. Update this as necessary whenever you resubmit the claim.

Name *

Job Title *

Contact No *

Email *

Alternate Contact Person's Email

Step 4/6: Claim Information

- Fill in your claim information
- Upload supporting documents
- Fill in payment details

- Fill in deployment location
- Fill in your claim amount

[← Back to Claim Actions](#)

Contact Details

Claim Information

Business Outcomes

Declare & Review

UPDATE YOUR CLAIMS INFORMATION

* Mandatory field

Solution Details

Solution Type

Solution Name

Vendor Name

UEN

I used a different vendor.

Key in your software license numbers or equipment serial numbers *

500 characters left

[← Back to Claim Actions](#)

Contact Details

Claim Information

Business Outcomes

Declare & Review

500 characters left

Upload supporting documents *

Only jpg, png, gif, zip, doc, docx, ppt, pptx, pdf, xls, xlsx files supported.
Each file cannot exceed 10 MB. Any special characters in your file name will be removed.

- Invoice *
- Bank Statement showing payment *
- Purchase Order or signed acceptance of quotation/Contract *
- Receipt or cheque *
- Pictures *
 - Licence number(s) of software
- Usage report *
 - At least one month
- Other documents

Drag and drop files here
or

Payment

Will this be your final claim?

Mode of Purchase

[← Back to Claim Actions](#)

[Contact Details](#)

Claim Information

[Business Outcomes](#)

[Declare & Review](#)

Postal Code *

Blk/Hse No. Street

Level Unit Building Name

Does your business operate from this address? *

Yes No

Is your address a shared office? *

Yes No

Add New Location

[← Previous](#)

Step 5/6: Business Outcomes

- Fill in business outcomes

[← Back to Claim Actions](#)

[Contact Details](#)

[Claim Information](#)

Business Outcomes

[Declare & Review](#)

Same as previous submission

What task will be more efficient with the new solution? *

How much more efficient is this task now? * %

How much is the reduction of man-hours for this task with the solution? * %

We need a response for this field

If your projections have changed, tell us why.

This will help us to identify better solutions in the future. Your feedback will not affect your grant disbursement.

500 characters left

[← Previous](#)

Step 6/6: Declaration & Submit

- Complete declaration and acknowledgement terms
- Submit claim

[← Back to Claim Actions](#)

Contact Details

Claim Information

Business Outcomes

Declare & Review

No Yes

Select an option

Consent & Acknowledgement

a. The Applicant states that the information in this claim and the accompanying information is true and correct.

b. The Applicant confirms that if a related party paid any of the costs in this claim, details of such payments are set out in the claim. All grant disbursements are on a reimbursement basis to the Applicant only.

c. The Applicant has complied with the prevailing terms and conditions for the grant awarded and understands that they are to ensure continued compliance with the terms and conditions for the grant. If the Applicant obtains payment of the grant through false or misleading statements or documents, the Applicant may be prosecuted under the Penal Code. In addition, the Agency disbursing the grant may, at their discretion, withdraw the grant and recover immediately from the Applicant any amount of the grant that has been disbursed.

The Applicant hereby acknowledges and consents to the above. *

Acknowledge and consent to the terms to proceed

[← Previous](#) [Save](#) [Review](#)