

**APPLICATION FORM**

**NDCA Short-Term Accident Relief Fund** provides a one-time **\$50\* FairPrice Voucher** to NDCA members to help ease their financial burden as a result of injuries sustained in the course of freelance delivery work. Applicant will be informed of the outcome of his/her application through email in about 3 - 4 weeks upon submission of all required supporting documents. The decision made by NDCA on the outcome of the application shall be final.

NDCA members can apply for the assistance if they fulfill the following criteria: -

1. Must have at least 3 months of continuous NTUC union membership
2. Must be a NDCA member with at least 1 month of membership
3. Must be an active food/parcel delivery worker
4. Membership must not be in arrears
5. Application must be submitted within 1 month of the accident

All completed forms are to be returned to NDCA together with the following applicable documents:

| Criteria                               | Supporting Documents Required   |
|--|---|
| Proof of Activity as a delivery worker | <ul style="list-style-type: none"> <li>• Screenshot of platform app, showing your name and account <u>OR</u></li> <li>• 1 Weekly income statement</li> </ul>  |
| Details of Accident while Working      | <p><b>Proof of Accident and Injury Sustained.</b></p> <ul style="list-style-type: none"> <li>• Copy of medical certificate and/ or doctor's report, police report, media report (if applicable).</li> <li>• Screenshot of platform app or documents showing proof of delivery work at the time of accident</li> </ul> |

**I. DETAILS OF APPLICATION**

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

|   |  |
|---|--|
| Location of Accident  |  |
| Date & Time of Accident   |  |
| Type of Injury<br>(please attached supporting documents and photos) |  |

**II. PARTICULARS OF MEMBER**

|                                    |   |                      |  |
|------------------------------------|---|----------------------|--|
| Full Name<br>(as in NRIC/Passport) |   |                      |  |
| Email Address                      |   |                      |  |
| NRIC/FIN Last 4 digit              |   | Mobile Number        |  |
| Date of Birth<br>(DD/MM/YYYY)      |   | Mode of Delivery     |  |
| Delivery Platform                  | Grab (Food, Express) / FoodPanda / Deliveroo / Lalamove / Others ( <i>please specify</i> ): |                      |  |
| NTUC Membership<br>Joined Date:    |   | Joined NDCA<br>Date: |  |

**III. DECLARATION BY APPLICANT**

- I, declare that I have understood and complied with the eligible criteria stated in this application form, that the particulars stated in this application form are true and correct, and that I have not willfully 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 NDCA for the purposes of:
  - Processing, administering, and managing my application for the Short-Term Accident Relief Fund; 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 personal data pertaining to my accident, injury and medical report(s) are true and correct and aware of and consent to NDCA collecting, using, disclosing, and retaining their personal data for the purpose of processing my application for the Short-Term Accident Relief Fund
- 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 our identities to a high degree of fidelity in relation to my application for the Short-Term Accident Relief Fund
- I consent to my personal data being disclosed by NDCA to authorized third parties for the latter to collect, use and retain our personal data for the purposes of processing, administering, and managing my application and for audit purposes.
- I will inform NDCA immediately of any changes to my contact details and/or personal data in order that NDCA is able to contact me for all matters relating to the Short-Term Accident Relief Fund.
- I consent to be contacted by NDCA via email, text messages, calls and/or post for matters relating to my application for the Short-Term Accident Relief Fund and other membership matters, as well as to obtain my opinion/feedback on such matters.
- I understand that the decision made by NDCA on the outcome of this application shall be final.

For enquiries on personal data protection matters, please email to [dpo@ntuc.org.sg](mailto:dpo@ntuc.org.sg)

For other enquiries, please email to [ndca@ntuc.org.sg](mailto:ndca@ntuc.org.sg)

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

**For official use**

Date of Submission: \_\_\_\_\_

Application is: RECOMMENDED / NOT RECOMMENDED      Name of Officer: \_\_\_\_\_

Application is: APPROVED / NOT APPROVED                      Name of Officer: \_\_\_\_\_

Date of Approval: \_\_\_\_\_    Signature: \_\_\_\_\_