

User Guide Manual – Claim Application

For Upskilling Grant for Industry Current Workforce Program

There are 2 methods of submitting Claim Application under this program

- **Method 1: Trainer Provider initiates the claim application**
 - Training Provider (3rd Party) initiates the claim form with the required supporting documents via CGMP, the form will be forwarded to Company in the platform for additional input & verification.
 - After Company's input & verification, Company will submit the online form to CREST via CGMP.
 - Company may instruct CREST via the online form to make payment to Training Provider or to the Company (if Company is requesting reimbursement for a payment that has been previously made to the Training Provider. Reimbursement must be in full amount of the training cost and not partial payment)
 - Any changes to the training information stated in the Letter of Award (LoA) must be notified and approved by CREST through the Change Request Form (CRF). CREST will refer to the LoA, CRF and required supporting documents when processing the claim application.
 - CREST will process the payment to Training Provider/Company and provide proof of payment to Training Provider/Company via CGMP. A notification email from CGMP will be send to Training Provider/Company once CREST has uploaded the proof of payment to CGMP.

- **Method 2: Company initiates the claim application**
 - Company initiates the claim form with the required supporting documents via CGMP and submits the online form to CREST.
 - Company may instruct CREST via the online form to make payment to Training Provider or to the Company to the Company (if Company is requesting reimbursement for a payment that has been previously made to the Training Provider. Reimbursement must be in full amount of the training cost and not partial payment).
 - Any changes to the training information stated in the Letter of Award (LoA) must be notified and approved by CREST through the Change Request Form (CRF). CREST will refer to the LoA, CRF and required supporting documents when processing the claim application.
 - CREST will process the payment to Training Provider/Company and provide proof of payment to Training Provider/Company via CGMP. A notification email from CGMP will be send to Training Provider/Company once CREST has uploaded the proof of payment to CGMP.

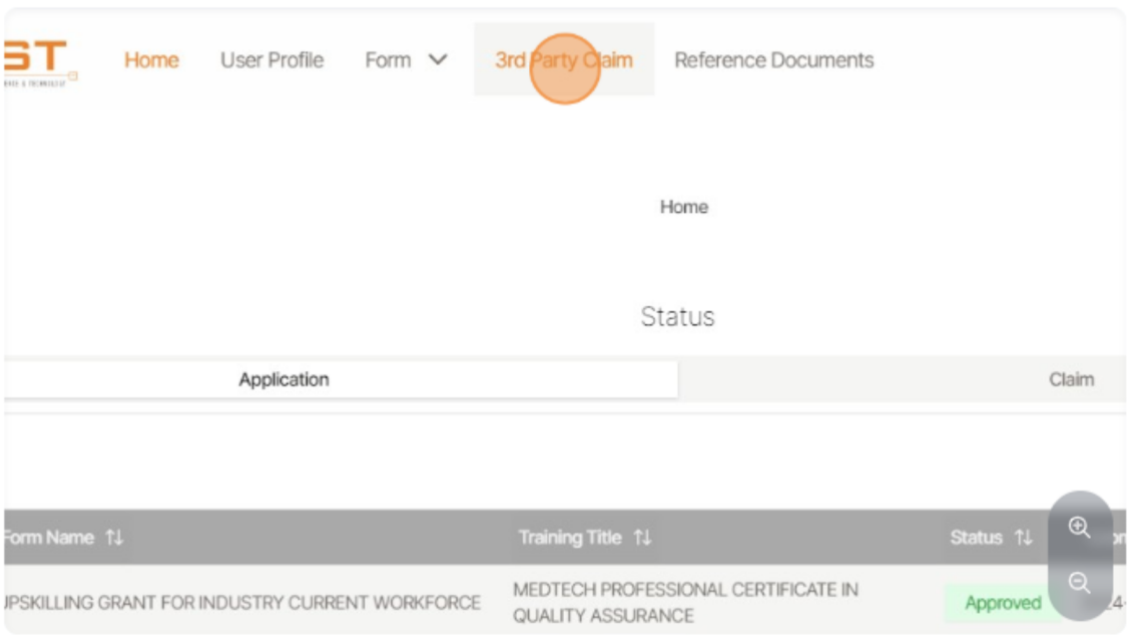
Method 1: Training Provider (3rd Party) initiates the claim application

- In order for Training Provider to initiate the claim application, Training Provider must first create a User ID in CGMP under the category of 'Training Provider' and the application must be approved by CREST. Please refer to the CGMP Registration Manual in CREST landing page for further guidance.

For Training Provider action

1 Navigate to <https://grant.crest.my/application/>

2 Click "3rd Party Claim" from the top menu



Form Name	Training Title	Status
UPSKILLING GRANT FOR INDUSTRY CURRENT WORKFORCE	MEDTECH PROFESSIONAL CERTIFICATE IN QUALITY ASSURANCE	Approved

3 Select "UGCWP1"

Home > Thirdpartyclaim

3rd Party Claim List

New Claim

UGCWP1

EGP1- Training

Filter

Type	Claim Type	Status	Submitted Date	Amount (RM)
No result.				

Rows per page: 10 | Page 1 of 0

4 Fills in necessary fields in "Claim Applicant Information" section

3rd Party Claim Form - UGCV

New Claim

Claim Form

CLAIM APPLICANT INFORMATION

Letter of Award Number Business Address

Company Name

CLAIM DETAILS

Training Title Training Provider

5 Fills in necessary field in "Claim Details" section

01102024LoA

Company Name

company name

CLAIM DETAILS

Training Title

Start Date of Training

dd/mm/yyyy

Training Venue

Approved Training Grant Amount (RM)

6 Fills in bank details in "Payment Details" section

PAYMENT DETAILS

Bank Name

Account Name

Bank Account Number

Tax Identification Number

SUPPORTING DOCUMENTS

Document Checklist

7 Insert necessary files

— SUPPORTING DOCUMENT —

Upload	
Center (CREST) sains@usm Block C, Ground Floor, No.10 Persiaran Bukit	<input type="button" value="Choose file"/> No file chosen
Claim recipient name, bank account number and account name. Please remove/hide all	<input type="button" value="Choose file"/> No file chosen
Assessment marks (if relevant)	<input type="button" value="Choose file"/> No file chosen
	<input type="button" value="Choose file"/> No file chosen



8 Click "I Agree"

viii. All claims must be submitted to CREST no later than one (1) month from CREST.

ix. All claims must be accompanied by the documents specified in the Doc

x. The Company and the Training Provider must adhere to and comply with the terms, conditions, and submission formats as specified by CREST.

I Agree

Submit



9 Submit your claim application.

It must be submitted to CREST no later than one (1) month from the last date of training, or any other date that may be specified by the Training Provider and be accompanied by the documents specified in the Documents Checklist attached to this Claim Form.

and the Training Provider must adhere to and comply with such claim eligibility criteria, claim deadlines, supporting document formats as specified by CREST.

Submit

v0.6.23.4

Next, the Claim form will be forwarded to Company for their inputs and verification.

Training Provider may track the status of the claim from the dashboard:

Status Indicator

Pending Applicant Review – Pending Company Action

Submitted – Company has submitted to CREST

In-Progress/Enquiry – CREST is processing/Enquiry from CREST to either Training Provider or Company

Approved/Rejected – Status of Claim

Home > Thirdpartyclaim

3rd Party Claim List

[New Claim](#)

Filter data...

Item ↑↓	Form Type ↑↓	Claim Type ↑↓	Status ↑↓	Submitted Date ↑↓	Amount (RM) ↑↓	Actions
C02P1062DP	UGCWP1		Pending Applicant Review	2024-10-07	12.00	
C01P1062DP	UGCWP1		In Progress	2024-10-01	12.00	

Rows per page 10 ◯ Page 1 of 1 << < > >>

For Company action

Verify the information in the Claim Form that has been forwarded by Training Provider:

1 Navigate to <https://grant.crest.my/application/>

2 Click "Claim" tab

Home

Status

Claim

Filter data...

Training Title	Status	Submission Date	Form	Letter of Award
Management 101	Under Review	1970-01-01 07:30:00	-	
TESTOC001	Rejected	2024-08-19 16:26:53		-






3 Find "Pending Applicant Review" status from the list

Status

Application		Claim		
Type \updownarrow	Claim Type \updownarrow	Status \updownarrow	Submitted Date \updownarrow	Amount
IP1		Pending Applicant Review	2024-10-01	12.00
IP1		Submitted	2024-09-30	1,200.00
IP1		In Progress	2024-09-25	12.00
		In Progress	2024-09-25	
30% Claim upon Job Placement		Paid	2024-09-25	

4 Click view icon to open the claim application

Status


		Claim	
Filter data...			
Status \updownarrow	Submitted Date \updownarrow	Amount (RM) \updownarrow	Actions
Pending Applicant Review	2024-10-01	12.00	
Submitted	2024-09-30	1,200.00	
In Progress	2024-09-25	12.00	
In Progress	2024-09-25	123.00	
Paid	2024-09-25	36,961.20	

5 Fills in necessary fields in "Contact Person Details" section

company name

CONTACT PERSON DETAILS
(COMPANY REPRESENTATIVE THAT CAN ANSWER ANY ENQUIRIES ON THE CLAIM DETAILS)

Full Name	<input type="text"/>	Designation	<input type="text"/>
Contact Number (Office)	<input type="text"/>	Contact Number (Mobile)	<input type="text"/>
Email	<input type="text"/>		



6 Check the box in "Payment Details" section

COLLABORATIVE RESEARCH IN ENGINEERING, SCIENCE & TECHNOLOGY

Justification needed

PAYMENT

Please make payment to the Training Provider as below details:

Bank Name

my bank name

Bank Account Number

myaccountnumber

SEARCH

7 Fills in "Participant Details" section

myaccountnumber

PARTICIPANT

	Full Name	NRIC (123456121234)	Position Title	Position
1				

SUPPORTING

Attachment 1 - Invoice from Training Provider

Attachment 2 - Copy of Bank Statement/Proof of Bank Details for the claim

Attachment 3 - Training Report from Training Provider (pdf format)

Attachment 4 - CREST Attendance Form (pdf format)

SEARCH

8 Click "I Agree"

viii. All claims must be submitted to CREST no later than one (1) month from CREST.

ix. All claims must be accompanied by the documents specified in the Documents Checkl

x. The Company and the Training Provider must adhere to and comply with such claimments, and submission formats as specified by CREST.

I Agree

Submit

v0.6.23.4

9 Submit your claim application

viii. All claims must be submitted to CREST no later than one (1) month from the last date of CREST.

ix. All claims must be accompanied by the documents specified in the Documents Checkl

x. The Company and the Training Provider must adhere to and comply with such claimments, and submission formats as specified by CREST.

I Agree

Submit

v0.6.23.4

Company may track the status of the claim from the dashboard:


Status Indicator

Submitted – Company has submitted to CREST

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Approved/Rejected – Status of Claim

Status

Application			Claim			
Item ↑↓	Form Type ↑↓	Claim Type ↑↓	Status ↑↓	Submitted Date ↑↓	Amount (RM) ↑↓	Actions
C02P1062DP	UGCWP1		Pending Admin Review	2024-10-07	12.00	

Filter data...

Method 2: Company initiates the claim application

1 Navigate to <https://grant.crest.my/application/>

2 In Home List of application.

Test 23082024 For OC 002	Approved	0000-00-00 00:00:00		-
Test 23082024 For OC 032	In Progress	0000-00-00 00:00:00		-
Test 23082024 For OC 007	In Progress	0000-00-00 00:00:00		-
Test 23082024 For OC 071	Approved	0000-00-00 00:00:00		-
Test 23082024 For OC 041	Approved	0000-00-00 00:00:00		
Test 23082024 For OC 011	In Progress	0000-00-00 00:00:00		-
Test 23082024 For OC 072	Approved	0000-00-00 00:00:00		
Test 23082024 For OC 042	In Progress	0000-00-00 00:00:00		-
Test 23082024 For OC 012	In Progress	0000-00-00 00:00:00		-

Rows per page 10 Page 2 of 2

3 Select Application you want to claim

Test 23082024 For OC 007	In Progress	0000-00-00 00:00:00		-
Test 23082024 For OC 071	Approved	0000-00-00 00:00:00		-
Test 23082024 For OC 041	Approved	0000-00-00 00:00:00		
Test 23082024 For OC 011	In Progress	0000-00-00 00:00:00		-
Test 23082024 For OC 072	Approved	0000-00-00 00:00:00	View	
Test 23082024 For OC 042	In Progress	0000-00-00 00:00:00		-
Test 23082024 For OC 012	In Progress	0000-00-00 00:00:00		-

Rows per page 10 Page 2 of 2

4 Click "Claim List" on the left menu

Upskilling Grant for Industry Current #P1072DP - **Approved**

Applicant Profile

Application Form

Document & Namelist

Enquiry Response

Claim List

ORGANIZATION

Organization Type
Company

Organization Registration No.
mygmailbox1

Organization Address
someaddressgoeshere

Type of Industry
Medical Devices

Organization Category
MNC

5 Click "New Claim" button




Home > Ugcwp1 > P1072DP

killing Grant for Industry Current Workforce (UGCWP1)

#P1072DP - Approved

[New Claim](#)

Filter data...

Status	Submitted Date	Amount (RM)	Actions
Rejected	2024-09-25	12.00	  

Rows per page 10 Page 1 of 1

6 Fill in all necessary field

mygmailbox

CONTACT PERSON DETAILS

(COMPANY REPRESENTATIVE THAT CAN ANSWER ANY ENQUIRIES ON THE CLAIM DETAILS)

Full Name

Designation

Contact Number (Office)

Contact Number (Mobile)

Email

7 Select the payment to in the "Claim Applicant" drop down list

PAYMENT

Payment Instruction (Please select either one of the following)
Please make payment to the :

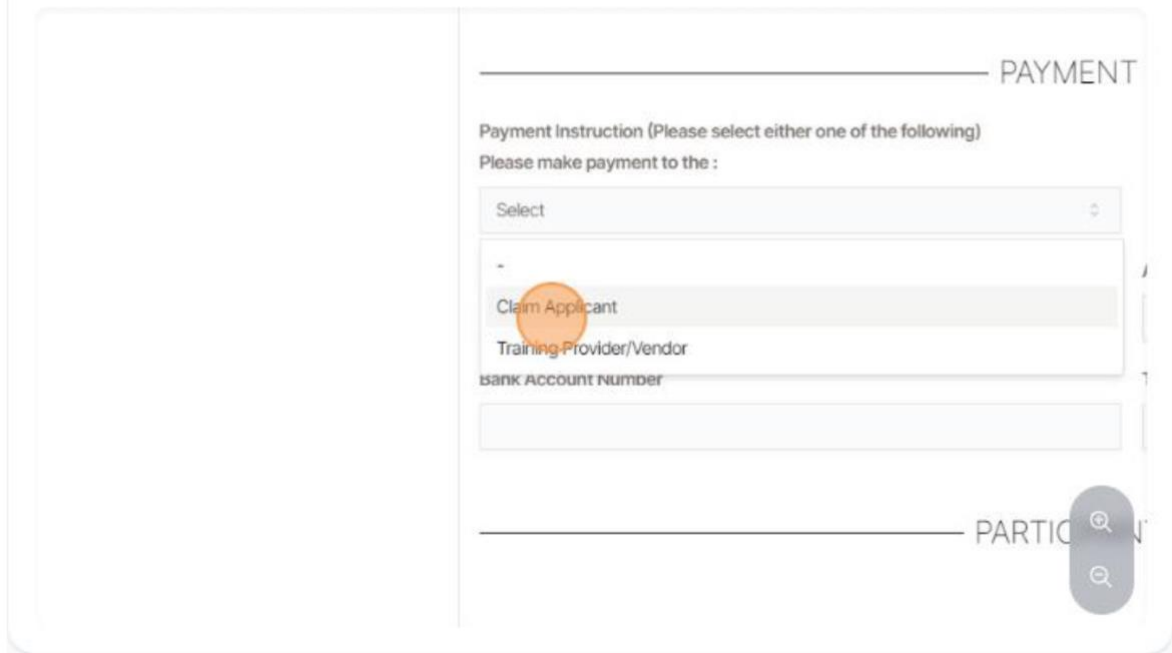
Select

Claim Applicant

Training Provider/Vendor

BANK ACCOUNT NUMBER

PARTICULARS



8 Insert banking details

PAYMENT

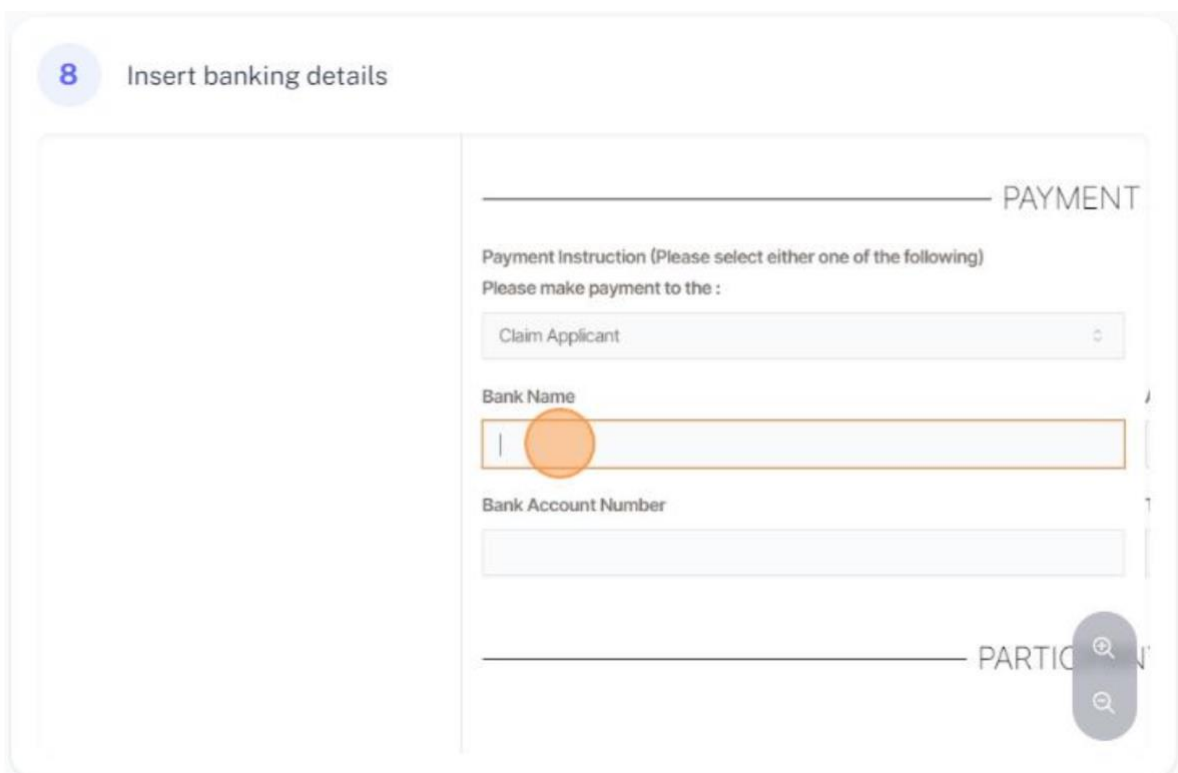
Payment Instruction (Please select either one of the following)
Please make payment to the :

Claim Applicant

Bank Name

Bank Account Number

PARTICULARS



9 Insert Participant List.

myaccountnumber m

PARTICIPANT LIST


	Full Name	NRIC (123456121234)	Position Title	Position
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUPPORTING DOCUMENTS

Document Checklist
(Accept PDF Only, Maximum Size is 60MB)

Item
<input type="text"/>

Close Letter of Award (LOA)



10 Insert all necessary documents

— SUPPORTING DOCUMENT —

Upload	
Signed LOA.pdf	
Center (CREST) sahs@usm Block C, Ground Floor, No.10 Persiaran Bukit.	Choose file No file chosen
Claim recipient name, bank account number and account name. Please remove/hide all	Choose file No file chosen
Payment to training provider)	Choose file No file chosen
Assessment marks (if relevant)	Choose file No file chosen



11 Click "I Agree" and "Submit" your claim application.

1. TERMS AND CONDITIONS

suspended upon direct Government directive.

viii. All claims must be submitted to CREST no later than one (1) month from the last date of training, or any other date that n CREST.

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Filter data...