# SATA CORPORATE MANAGEMENT SYSTEM (SCMS)

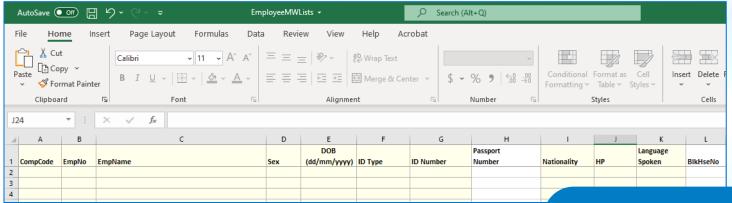
How to fill in the name list template











f <sub>x</sub>					
N	0	Р	Q	R	S
Street	BuildingName	Postal	HealthCheckup (MWOC)	PCP Start (dd/mm/yyyy)	Sector Living
	_				#N/A
					#N/A
					#N/A
				HealthCheckup	HealthCheckup PCP Start

T U V W X

Dormitory BIkHse DStreet Building

#N/A 0 #N/A #N/A #N/A #N/A

#N/A 0 #N/A #N/A #N/A #N/A

#N/A 0 #N/A #N/A #N/A

- Complete all the mandatory fields.
- If the FIN number is unavailable at the time of enrolment, please provide the Passport Number.

S	at	a
Cor	nmHe	alth

S/N	Field	How to fill?
1	CompCode*	Company Code / Account Code; This code will be provided to you by SATA ComHealth (upon successful onboarding) within this file.
2	EmpNo*	Employee Number; If this is not applicable, please input their FIN/Passport Number here.
3	EmpName*	Employee Name; Please provide your employee's full name as indicated in their FIN/Passport. *Mandatory field.
4	Sex*	Please choose the correct option from the dropdown options.
5	DOB (dd/mm/yyyy)*	Date of birth; Kindly fill in the format dd/mm/yyyy. E.g.: 24/06/1990

<sup>\*</sup>Mandatory field.



S/N	Field	How to fill?
6	ID Type*	Please choose the correct option from the dropdown options;  Please choose "FIN number" by default;  If FIN number is not available, please choose Passport in the meanwhile.
7	ID Number*	To fill your employee's FIN number by default;  If FIN number is not available, please choose Passport in the meanwhile.
8	Passport Number	To fill your employee's Passport number;
9	Nationality*	Please choose the correct option from the dropdown options
10	HP*	Hand Phone; please fill the local 8-digit number without any spaces; Please provide a temporary number if an assigned local number is not ready yet. However, kindly update the local number at the earliest.
11	Language Spoken*	Please choose the correct option from the dropdown options; Please select "English" for all other languages.

<sup>\*</sup>Mandatory field.



S/N	Field	How to fill?
12	BlkHseNo	Block / House No.; Please fill this field if the employee does not live in any assigned dormitory;
13	UnitNo	Unit No.; Please fill this field if the employee does not live in any assigned dormitory;
14	Street	Street Name; Please fill this field if the employee does not live in any assigned dormitory;
15	Building Name	Please fill this field if the employee does not live in any assigned dormitory;



S/N	Field	How to fill?
16	Postal*	Postal Code; Please key in the postal code of the employee's registered residential address or dormitory to determine where the medication should be delivered to.
17	HealthCheckup (MWOC)*	Please choose the correct option from the dropdown options;  "Y" if:  1. New PCP-eligible workers who are required to go through MOM Onboard Centres to do medical examination  "N" if:  1. New PCP-eligible workers who are not required to go through MOM Onboard Centres and medical examination will be performed at SATA CommHealth Medical Centres  2. Existing workers
18	PCP Start (dd/mm/yyyy)*	Please indicate the start date of the employee to onboard the PCP service in the format dd/mm/yyyy. E.g.: 24/06/1990 Kindly note, our services begin on 01/04/2022.
19	SectorLiving*	This will be autofilled based on the postal code provided

<sup>\*</sup>Mandatory field.



S/N	Field	How to fill?
20	Dormitory	This will be autofilled if the postal code provided is a match to a dormitory and falls under Sectors B, C or D only.
21	BlkHse	This will be autofilled if the postal code provided is a match to a dormitory and falls under Sectors B, C or D only.
22	Street	This will be autofilled if the postal code provided is a match to a dormitory and falls under Sectors B, C or D only.
23	Building	This will be autofilled if the postal code provided is a match to a dormitory and falls under Sectors B, C or D only.