

SATA CORPORATE MANAGEMENT SYSTEM (SCMS)

How to fill in the name list template



HOW TO FILL THE NAMELIST TEMPLATE?

AutoSave Off 📁 ↶ ↷ ↺ ↻ EmployeeMWLists 🔍 Search (Alt+Q)

File Home Insert Page Layout Formulas Data Review View Help Acrobat

Paste ✂ Cut 📄 Copy 🎨 Format Painter

Clipboard Font Alignment Number Styles Cells

Calibri 11 A⁺ A⁻ B I U 🔗 Wrap Text 🔗 Merge & Center \$ % , <=0 >=0 Conditional Formatting Format as Table Cell Styles Insert Delete

J24 ✕ ✓ fx

| | A | B | C | D | E | F | G | H | I | J | K | L |
|---|----------|-------|---------|-----|---------------------|---------|-----------|--------------------|-------------|----|--------------------|----------|
| 1 | CompCode | EmpNo | EmpName | Sex | DOB (dd/mm/yyyy) | ID Type | ID Number | Passport Number | Nationality | HP | Language Spoken | BlkHseNo |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |

fx

| M | N | O | P | Q | R | S |
|--------|--------|--------------|--------|-------------------------|---------------------------|------------------|
| UnitNo | Street | BuildingName | Postal | HealthCheckup (MWOC) | PCP Start (dd/mm/yyyy) | Sector Living |
| | | | | | | #N/A |
| | | | | | | #N/A |
| | | | | | | #N/A |

| T | U | V | W | X |
|-----------|--------|---------|----------|------|
| Dormitory | BlkHse | DStreet | Building | |
| #N/A | 0 | #N/A | #N/A | #N/A |
| #N/A | 0 | #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.

HOW TO FILL THE NAMELIST TEMPLATE?

| 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 |

***Mandatory field.**

HOW TO FILL THE NAMELIST TEMPLATE?

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

***Mandatory field.**

HOW TO FILL THE NAMELIST TEMPLATE?

| 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; |

HOW TO FILL THE NAMELIST TEMPLATE?

| 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 |

*Mandatory field.

HOW TO FILL THE NAMELIST TEMPLATE?

| 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. |