MINISTRY OF HEALTH
SINGAPORE

INSTRUCTIONS ON QUARANTINE ORDER (QO) ALLOWANCE SCHEME

The objective of the Quarantine Order ("QO") Allowance Scheme is to provide financial assistance to affected self-employed individuals or employers whose employees have been placed under quarantine ("PUQ"). The allowance is an **ex-gratia** payment made in the absolute discretion of the Ministry of Health ("MOH"). Applications must be received within 90 days from the last day of the QO. MOH's decision on any payment of QO allowance shall be final and conclusive.

<table>
<tr><th>Who is eligible?</th><th>What do you receive?</th></tr>
<tr><td>(a) Self-Employed PUQ
Singapore Citizen/PR
Proof of self-employment
PUQ must not breach any QO[1] condition</td><td rowspan="2">- Flat $100 per day

Only one claim is allowed per QO period. Multiple claims for the same QO period are not allowed.

Example
Date of Quarantine:
From 22/06/2022 To 12/07/2022
Only the PUQ OR Company will be eligible to claim once for the QO period above.</td></tr>
<tr><td>(b) Employers, whose employees are PUQs
Registered Company in Singapore
Employees must be Singapore Citizen/PR/Work Pass Holders
Proof of payment to employee
PUQ must not breach any QO[1]condition</td></tr>
</table>

[1] Refers to QO issued under section 15(1) or 15(2) of the Infectious Diseases Act 1976 ("IDA"). The QO may be in the form of a physical QO document or electronic QO ("eQO"). The eQO refers to both the screen shot of the SMS and HOMER app landing page.

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How to Apply:

(a) For a **self-employed PUQ**, please submit the following documents:

Complete & Sign	• Sections I & II of the Application Form • Direct Credit Authorisation Form
Attach	• Copy of NRIC, both sides (Singapore Citizen/PR) • Record of CPF payment (latest 3 months) • Record of Income Tax Returns or IRAS Notice of Assessment for Year of Assessment 2022 • QO issued to PUQ/screenshot of eQO • Other supporting documents as proof of self-employment, when requested

(b) For **employer/company whose employee is a PUQ**, please submit the following documents:

Complete & Sign	• Sections I & II of the Application Form (employee information) • Sections III & IV of the Application Form (employer information) • Direct Credit Authorisation Form • Declaration of Payment of Salary by Employers for QOA Applications
Attach	• Identification documents of employee: - Copy of NRIC, both sides (Singapore Citizen/PR) **OR** - Copy of Valid Work Pass, or other Passes issued by Singapore Authorities • Identification documents of employer/company's applicant: - Copy of NRIC, both sides (Singapore Citizen/PR) **OR** - Copy of Valid Work Pass, or other Passes issued by Singapore Authorities • Record of CPF contributions to the employee (Last 1 month) • For employee that does not require CPF contributions – Bank statement(s) showing salary credited to the employee (Last 1 month) • QO issued to PUQ/screenshot of eQO • Other supporting documents as proof of employment, when requested

Please scan and submit the documents in PDF format to:
MOH_QOA@moh.gov.sg
Email Subject: [Company/ Name of Individual under Quarantine] New Application for QOA
(Example: [ABC Pte Ltd / Tan Ah Bee] New Application for QOA)

For further enquiries, please call **9649 2286** from 9.00 am to 5.30 pm (Monday to Friday).

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QUARANTINE ORDER (QO) ALLOWANCE SCHEME

APPLICATION FORM

SECTION I PARTICULARS OF PERSON UNDER QUARANTINE

Name (as per NRIC)	NRIC No. / FIN No.	Nationality ❑ Singaporean ❑ Permanent Resident ❑ Others _____

Date of Birth _____/_____/_____ DD MM YYYY	Gender M / F	Marital Status ❑ Single ❑ Widowed ❑ Married ❑ Divorced ❑ Separated	Race ❑ Chinese ❑ Indian ❑ Malay ❑ Others _____

Address (as per NRIC)	
Contact Details Home: Mobile: Office: Email:	Employment Status ❑ Employee ❑ Self-employed
Occupation and Designation	Date of Quarantine From _____ to _____
Name of Business (for self-employed)	Address of Business (for self-employed)

SECTION II DECLARATION BY PUQ

I, the undersigned, declare all the above to be true and correct. I declare that I have complied with all conditions stated in the Quarantine Order.

I understand that providing any false information is an offence under section 182 of the Penal Code 1871, punishable by a term of imprisonment up to 2 years, or a fine, or both. I further understand that if I have furnished any false information, the Government will recover from me all monies paid to me under the Quarantine Order Allowance Scheme.

_____
Signature & Date

IMPORTANT NOTE:
THE QO ALLOWANCE WILL NOT BE PAID FOR PUQS WHO BREACH ANY QUARANTINE CONDITION(S). MOH'S DECISION ON PAYMENT OF QO ALLOWANCE SHALL BE FINAL AND CONCLUSIVE.

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SECTION III PARTICULARS OF EMPLOYER/COMPANY		
Name of Employer/Company		Business Registration No. (If applicable)
Name of Company's Applicant		NRIC No. / FIN No.
Employer/Company Address		
Gender M/F	Contact Number(s) Mobile: Office: Email:	Applicant's Designation

SECTION IV DECLARATION BY EMPLOYER/COMPANY APPLICANT

I, the undersigned, declare all the above to be true and correct. I understand that providing any false information is an offence under section 182 of the Penal Code 1871, punishable by a term of imprisonment up to 2 years, or a fine, or both. I further understand that if I have furnished any false information, the Government will recover from me all monies paid to me under the Quarantine Order Allowance Scheme.

_____ _____

Name of Employer/Company's Applicant Signature & Date

IMPORTANT NOTE:
THE QO ALLOWANCE WILL NOT BE PAID FOR PUQS WHO BREACH ANY QUARANTINE CONDITION(S). MOH'S DECISION ON PAYMENT OF QO ALLOWANCE SHALL BE FINAL AND CONCLUSIVE.

MINISTRY OF HEALTH
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To: Ministry of Health
16 College Road
College of Medicine Building
Singapore 169854

Attn: **[Insert REF no., name, and designation of public servant]**

Dear Sir/Madam,

DECLARATION OF PAYMENT OF SALARY BY EMPLOYERS FOR QUARANTINE ORDER ALLOWANCE (QOA) APPLICATIONS

1. I, [**Name of Employer & UEN No.**] would like to apply for Quarantine Order Allowance ("QOA") in respect of the following employee(s):

S/N	Name of Employee[2]	NRIC No.	PUQ[3]	QO Period

2. I hereby declare that I have, in respect of our employees specified in the table above:

   (a) Paid their salaries for their respective QO Periods; and

   (b) Where applicable, contributed to their Central Provident Fund ("CPF") or pension accounts for their respective QO Periods,

   in accordance with the requirements under the Employment Act 1968.

[2] "Employee" in this declaration letter includes full-time and part-time employees, as well as interns
[3] Refers to a Person under a Quarantine Order ("QO") under Section 15 of the Infectious Diseases Act 1976

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3. I undertake to retain records of our payments and contributions as specified in paragraph 2 above, and to furnish a copy of these records to the Ministry of Health ("MOH"), as and when required by MOH.

4. I hereby declare that all the abovementioned information and document(s) (if any) provided by me are true and accurate to the best of my knowledge and belief. I undertake to notify MOH immediately if there is any error or change to the abovementioned information and document(s).

5. I understand and agree that if I have made any declaration and/or undertaking, or provided any information and/or document, which I know to be false or do not believe to be true, I may be liable to criminal prosecution under the Penal Code 1871, and MOH may recover from me all monies paid to me under the QOA Scheme.

_____

(Signature)

Name of Authorised Representative:

Designation:
Contact No:

Date:

IMPORTANT NOTE:

THE QO ALLOWANCE WILL NOT BE PAID FOR PERSONS UNDER QUARANTINE WHO BREACH ANY QUARANTINE CONDITION(S). THE MINISTRY OF HEALTH'S DECISION ON PAYMENT OF QO ALLOWANCE SHALL BE FINAL AND CONCLUSIVE.