



BlueTel

BLUETEL NETWORKS PTE LTD

25 Harper Road #02-03 Harper Point Singapore 369683 | Tel 6556 2221 | Fax 6556 2777 | www.bluetel.net.sg

Fiber Tracing Works	Invoice No.:
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REQUEST FOR MANHOLE ACCESS FOR FIBER TRACING WORKS

INSTRUCTIONS:

- (i) **Requesting Company** email a copy of this completed form to osp_nce@bluetel.net.sg.
- (ii) The following documents are required for this request:
 - (i) A sketch on BLUETEL's plant map showing the proposed manhole access relative to the proposed earthworks.
 - (ii) A schedule of the proposed access to BLUETEL's manholes and fiber tracing works.
 - (iii) A copy of the Method of Statement and Risk Assessment relevant to the accessing of manholes and fiber tracing works.
 - (iv) A copy of the necessary insurance(s).
 - (v) Original copy of a Letter of Undertaking (LOU) with Requesting Company's letterhead, undertaking the responsibilities stated under **Section 6 Clause C** herein and duly signed off by the authorized personnel.
(You may download a copy of the LOU template from our website, www.bluetel.net.sg.)
- (iii) This request will be arranged and confirmed via email.
- (iv) The applicable fee is S\$130.80 (inclusive of GST) for one full day.
- (v) Please make payment according to **Duration** (number of full days), following Step 5. Please take note that payment must be made upfront prior to actual manhole access and fiber tracing works.
- (vi) Any outstanding full days left from the indicated **Duration** after the completion of the actual manhole access and fiber tracing works would be credited back.
- (vii) No additional manhole access is allowed out of what had been indicated in this request. New request is to be submitted for any additional manhole access.

1. PLANT MAP REFERENCE NUMBER

BLUETEL REFERENCE NUMBER: _____

MAP REFERENCE NUMBER: _____

2A. DETAILS OF REQUESTING COMPANY

COMPANY'S NAME: _____

COMPANY'S ADDRESS: _____

COMPANY REGISTRATION NO.: _____

OFFICE TEL: _____

EMAIL: _____

2B. SITE SUPERVISOR'S PARTICULARS

NAME IN FULL: _____

MOBILE NO.: _____ EMAIL: _____

2C. TCDW'S PARTICULARS

NAME IN FULL: _____

MOBILE NO.: _____ EMAIL: _____

LICENCE NO.: _____ EXPIRY DATE: _____

3. PROJECT INFORMATION

WORK DESCRIPTION: _____

LOCATION: _____

PRINCIPAL: _____

CONTRACTOR: _____

4. DURATION

PROPOSED START DATE: _____ PROPOSED END DATE: _____

5. MODE OF PAYMENT

- **Only online bank transfer is accepted, other mode of payment is not acceptable.**

- Please request for bank details at the point of submission.

6. REQUESTING COMPANY'S DECLARATION (Please read carefully)

We hereby declare and confirm as follows: -

- (a) We agree to engage a Licensed Telecommunication Cable Detection Worker ("TCDW") for the proposed fiber tracing works.
- (b) The proposed fiber tracing works shall only be carried out in the presence of the TCDW and a representative from BLUETEL NETWORK PTE LTD ("Licensee").
- (c) We will undertake the following during the proposed manhole access and fiber tracing works:
 - (i) Indemnification of the Licensee against all claims, costs, proceedings or actions whatsoever arising out of or in connection with any damage to the Licensee's property or injury to life arising from the proposed works.
 - (ii) Responsibility for any incidents/accidents and damages to the Licensee's property that is caused in connection with the proposed works.
 - (iii) All costs and expenses incurred by the Licensee to replace or make good or repair any damage to the Licensee's property that is caused in connection with the proposed works.
- (d) The information submitted in this request and the attached documents are true, correct and complete to the best of our knowledge.

PERSON-IN-CHARGE (NAME IN FULL): _____ MOBILE NO: _____

DESIGNATION: _____ EMAIL: _____

SIGNATURE & DATE: _____ COMPANY STAMP: _____

7. FOR BLUETEL'S USE ONLY

OSP	Fiber Tracing Works Dates:	Attended By (Name / Signature / Date / Time):