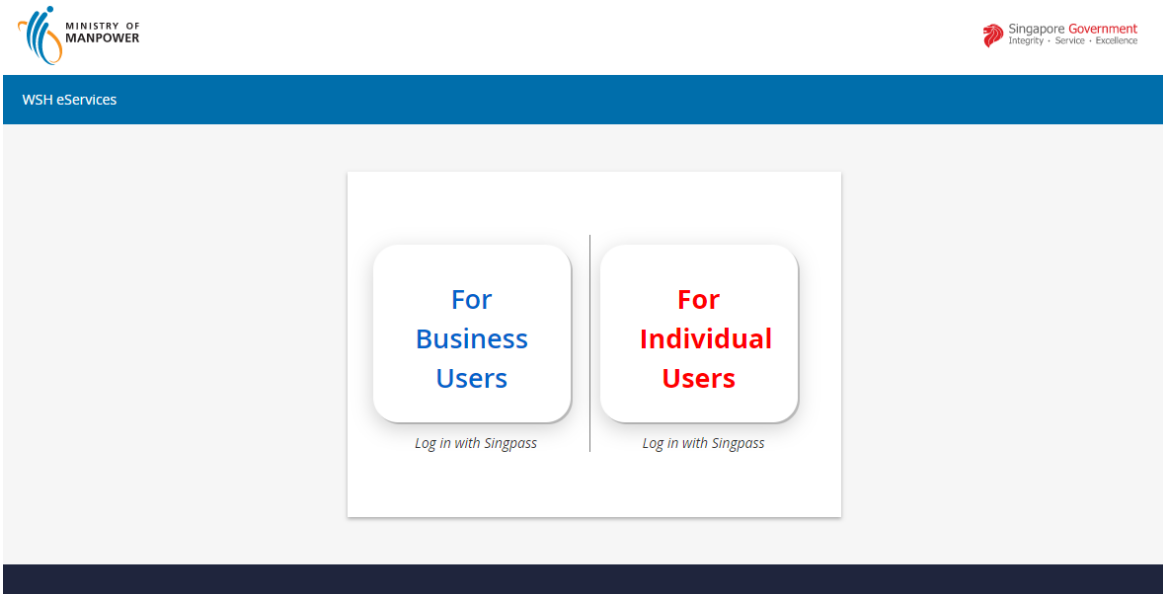
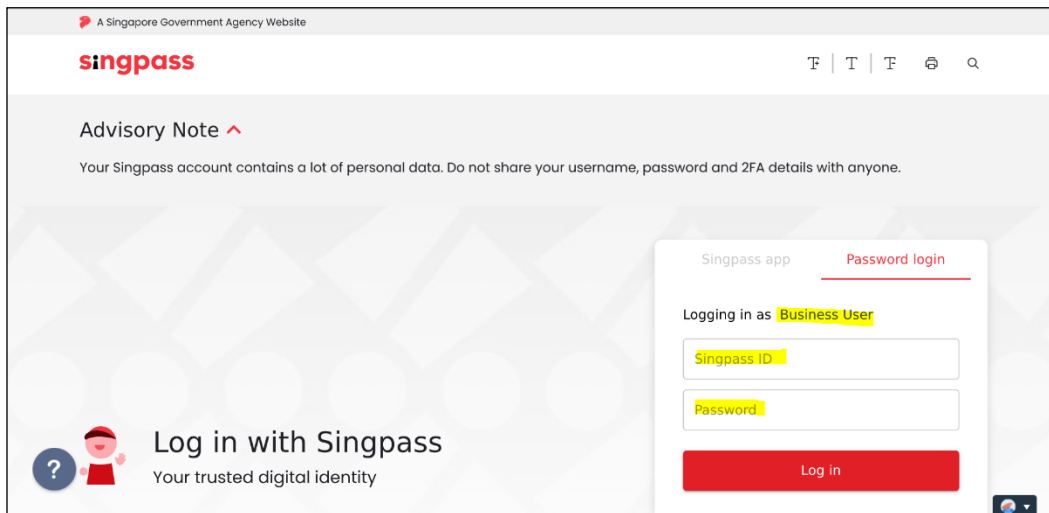


FOR EMPLOYER - GUIDE TO FILE WSH INCIDENT REPORT FOR MEDICAL LEAVE AND/OR LIGHT DUTIES 1 TO 3 DAYS VIA WSH IR eSERVICE (FOR DATE OF ACCIDENT ON/AFTER 1 SEPTEMBER 2020)

1. Submit the incident report using WSH IR eService. (<http://www.mom.gov.sg/ireport>)
2. To login, click on 'For Business Users' and enter your Singpass details to login.



Singpass Login



3. Click 'Create Report'.

WSH Incident Reporting

⊕ Create report

 You can [file incident report](#), [check work injury claim status](#) and upload documents related to claims ([WicSubmit](#)) within this dashboard.

Draft incident reports

Check out [what and when to report](#). Draft application will be discarded after 14 days from the creation date.

⊕ Draft record(s)

Submitted incident reports

You can edit accident reports within 30 days from the date you submitted it. You can amend the medical leave days within one year from the date you submitted it.

⊕ Submitted record(s)

Check work injury claim status/WicSubmit

You can view the case status related to you/your organisation. You can use '**Select action**' to access WicSubmit to upload your document. If the case you are searching is not listed below, please click [here](#).

⊕ Work injury compensation record(s)



Tip

To view the details under each section, e.g. 'Submitted Incident Reports'. Click



WSH Incident Reporting

Create report

You can file incident report, check work injury claim status and upload documents related to claims (WicSubmit) within this dashboard.

Draft incident reports

Check out what and when to report. Draft application will be discarded after 14 days from the creation date.

Draft record(s)

Submitted incident reports

You can edit accident reports within 30 days from the date you submitted it. You can amend the medical leave days within one year from the date you submitted it.

Submitted record(s)



Use search filters for faster results



21 items | Page 1 2 3 4 5 >

REPORT REFERENCE NO	ACCIDENT DATE	REPORT TYPE	INJURED PERSONS	SUBMITTED BY	ACTION
AC180383363	02/04/2018	Work-related accident	MUSHIAH JOSEPH AARON	Occupier	Select action
AC170378478	06/11/2017	Work-related accident	MARZURA BINTI JAMIL	Employer	Select action
AC170378309	07/11/2017	Work-related accident	MARZURA BINTI JAMIL	Employer	Select action
AC170378249	01/11/2017	Work-related accident	HASAN MD MEHEDI	Employer	Select action
AC170377928	01/11/2017	Work-related accident	MARZURA BINTI JAMIL	Occupier	Select action

Check work injury claim status/WicSubmit

You can view the case status related to you/your organisation. You can use "Select action" to access WicSubmit to upload your document. If the case you are searching is not listed below, please click here.

Work Injury compensation record(s)

4. At '**Create Report**' page, under 'You are reporting as:', select '**Employer**'. Under 'What are you reporting?' select '**A work-related accident with injured person**'. Enter the **date** and **time of accident**.

Create report

You are reporting as:

- Employer
- Occupier
- Injured person's legal representative
- Treating Doctor

What are you reporting?

- A work-related accident with injured person
- An occupational disease

When did the accident happen?



dd/mm/yyyy

Hour Minute AM/PM

Continue >

X Cancel

5 . Select the **number of employees** injured in the accident.

Create report

You are reporting as:

- Employer
- Occupier
- Injured person's legal representative
- Treating Doctor

What are you reporting?

- A work-related accident with injured person
- An occupational disease

When did the accident happen?

01/09/2020 

Hour Minute AM/PM
01 00 AM

How many employees were injured in the accident?

- 1
- 2 or more

Continue >

[X Cancel](#)

6 . Select how was your employee injured in the accident – Issued Medical leave and/or light duties 1 to 3 days. Click **Continue**.

How many employees were injured in the accident?

- 1
- 2 or more

How was your employee injured in the accident?

- Died in the accident
- Hospitalised for at least 24 hours
- Issued Medical leave and /or Light duties
 - 1 to 3 days
 - 4 or more days



It will take about 15 minute(s) to complete this report.

You will need to provide following information:



Details of Incident



Details of injured person

- Personal particulars
- Employment
- Insurance



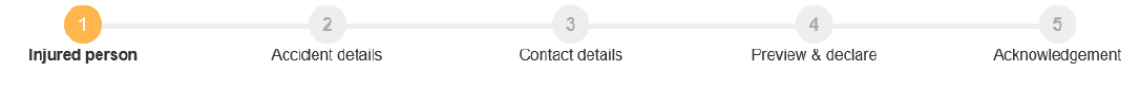
Supporting Documents

(e.g. salary vouchers, insurance policy schedule, medical documents)

Continue >

✕ Cancel

7. At 'Injured Person' page, click 'Add injured person'.



Injured person

+ Add injured person

NAME	NRIC/FIN/ PASSPORT NO	PROFILE	TYPE	ACTION
There are no records yet.				

Continue >

Save as draft

Cancel

8. At 'Add Injured person details' page, enter the information required . **For incidents with medical leave and/or light duties issued 1 to 3 days, several fields will be made Optional.** Click 'Save'. To return to previous page, click 'Back to injured person'. Please click 'Save' before exiting the page to save your information.

Add injured person details

Personal particulars

NRIC/FIN

Retrieve

[Click here for seafarer without NRIC/FIN.](#)

Contact no. (optional)

Employment details

Start date of employment (Optional)

dd/mm/yyyy

Employee's occupation



Average monthly earnings in SGD (Optional)

[AME calculator](#)

What is the official working hours of the injured person on the day of incident? (Optional)

Start time

Hour Minute AM/PM

End time

Hour Minute AM/PM

Is the employee a manual worker where manual work performed by him makes up his main duties? (Optional)

Yes No

Injury details

Did the accident result in death of the injured person?

Yes No

Was the injured person hospitalised at least 24 hours?

Yes No

Medical leave (Days)

Light duty (Days)

Was the person injured while performing the official work duties? (Optional)

Yes No

Hospital/Clinic where the injured person was examined or treated

Get Hospital/Clinic

9. Click **'Add Injury'**. Select the injuries from the dropdown list. Click on the body parts injured and click **'Save'**.

Nature of injury

NATURE OF INJURY	ASSOCIATED BODY PART INJURED	ACTION
There are no records yet.		

Employer's work injury compensation insurer name

Employer's work injury compensation insurer name

[X Back to injured person](#)

Add Injury

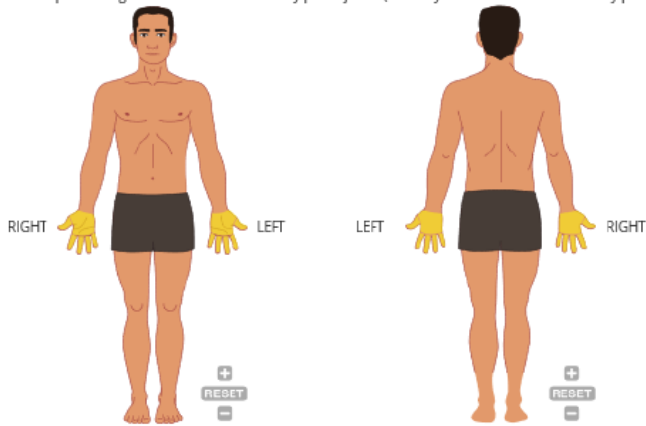
Please select the injuries details

[X Back to injured person details](#)

Add Injury

Please select the injuries details
Burns

Click/Tap on the figure below to select the body part injured. (You may choose more than one body part)



[X Back to injured person details](#)

10. Select the insurer's name and enter the insurance policy number.

Employer's work injury compensation insurer name

Employer's work injury compensation insurer name
AIA SINGAPORE PRIVATE LIMITED

Insurance policy no.:

[X Back to injured person](#)

Note: W.e.f. 1st January 2020, additional question will be asked: "Are you claiming against a Work Injury Compensation Act (WICA) 2019 insurance policy that commenced on or after 1 Jan 2021. Please check with your insurer if unsure."

11. At 'Injured Person' page, click 'Continue'.

Injured person

[Add injured person](#) 1 items | Page 1

NAME	NRIC/FIN/ PASSPORT NO	PROFILE	TYPE	ACTION
Worker's Name	ID No	Employee	Non-Fatal	Select action

[Continue >](#) [Save as draft](#) [Cancel](#)

12. At 'Accident details' page, enter the information required. Click 'Continue'. To save the report, Click 'Save as draft'. Clicking 'X Cancel' will discard your information.

Accident details

When did the accident happen? dd/mm/yyyy

Hour Minutes AM/PM

Where did the accident happen?

How did the accident happen?

What objects or environments lead to the accident?

Describe the events leading to the accident

- the name and type of machinery or substance involved
- what the injured person was doing at the time of the accident
- name of supervisor or witnesses

Please specify

0 / 2500

[< Back](#) [Continue >](#) [Save as draft](#) [Cancel](#)

13. At 'Contact details' page, enter the details required. Click 'Continue'.

Injured person Accident details **Contact details** 4 5
Preview & declare Acknowledgement

Organisation contact details

Organisation UEN 19900022K
Organisation name CKE MANUFACTURING PTE LTD
Mailing address 65 TAMPINES INDUSTRIAL AVENUE 5 T5 @ TAMPINES SINGAPORE 528642

No. of employees:
 1 - 10
 11 - 50
 51 - 100
 101 - 200
 201 & above

Contact person

NRIC/FIN S1234567W
Name DAENG ARIFFIN BIN NOORDIN

Email address
Contact no.

< Back Continue > Save as draft X Cancel

14. Once you have completed the form, you will see a 'Preview and Declaration' page.

- Check the information entered is correct before submission. To make amendments, click 'Edit' at the section where you wish to amend in the report.
- To submit your report, scroll to the bottom of the page and 'check' the box under the 'Declaration' section. Click 'Submit'.



Preview & declare

[Print](#)

Report reference no.: **AC200406997**
 Report type: **Work-related accident**
 Submitted by: **Employer**

Injured person

[Edit](#)

NAME	NRIC/FIN/PASSPORT NO	PROFILE	TYPE	ACTION
Worker's Name	ID No	Employee	Non-Fatal	Edit

i You are deemed to have authorised MOM to give notice of this notification to your insurer (if applicable) in writing on your behalf, in accordance with your obligations under Section 35(3) of the Work Injury Compensation Act 2019. You are also deemed to have given consent for MOM/insurer to liaise with you for this work injury claim based on the contact details you have provided above.

Accident details

[Edit](#)

When did the accident happen? **25/07/2017 03:00 PM**
 Where did the accident happen? **At another organisation's premises**
 Address or location where the accident happened: **BLK 1 387-K YEW TEE IND EST WOODLANDS RD SINGAPORE 677955**
 How did the accident happen? **Slips and Trips**
 What objects or environment led to the accident? **Other Physical Workplace/Floor/Level Surfaces**
 Describe the events leading to the accident: **test**

Organisation contact details

[Edit](#)

Organisation UEN: **19900022K**
 Organisation name: **CKE MANUFACTURING PTE LTD**
 Mailing address: **65 TAMPINES INDUSTRIAL AVENUE 5 T5 @ TAMPINES SINGAPORE 628642**
 No. of employees: **101 - 200**
 NRIC/FIN: **S1234567W**
 Name: **DAENG ARIFFIN BIN NOORDIN**
 Email address: **zakeeyya_mohamad_yusoff@mom.gov.sg**
 Contact no.: **66924045**

Upload Supporting documents

Please upload these documents (where applicable):

1. Company's investigation report
2. Death certificate
3. Hospital discharge summary
4. Insurance policy schedule
5. Medical certificates
6. Salary vouchers
7. Worksheet on how the AME is calculated
8. Other relevant documents



Select a file from your computer

The uploaded file must be in PDF format. The file size allowed is 2 MB

Supporting documents

DOCUMENT	DOCUMENT TITLE	UPLOAD INFO	ACTION
No supporting documents found			

Declaration

By submitting the incident report.

* I declare that the information given is accurate to the best of my knowledge. I will update MOM if there are further medical leave or light duty given.

* I am aware that legal action may be taken against me for knowingly providing false information.

* I agree that the above information given by me may be used or disclosed by MOM to other government agencies for carrying out their public function.



Please note that providing a false declaration to the Commissioner may constitute an offence under the Work Injury Compensation Act or the Workplace Safety and Health (Incident Reporting) Regulations.

[← Back](#)

[Submit >](#)

[Save as draft](#)

[X Cancel](#)

15. Your report is submitted when you see the 'Acknowledgement' page. To email a copy of the report to parties to the incident, enter their emails at 'Email a copy to concerned parties of the incident (Optional)'

Injured person Accident details Contact details Preview & declare **Acknowledgement**

Success
Your report has been submitted

Acknowledgement

Print

Thank you for your report. The report has been sent to the email address provided. You can download the [submitted report](#). You will be informed on the outcome when the assessment for Work Injury Compensation is completed. If you do not hear from us within one month, please [contact us](#).

Submitted date: **01/08/2017 04:30 PM**
Report reference no.: **AC170376381**

Note

It is a legal requirement to keep a copy of all reports for 3 years from the time of the report.

Email a copy to concerned parties of the incident (optional)

Email address1

Email address2

Send

[Go to Homepage >](#)

Updated as at 15 July 2021