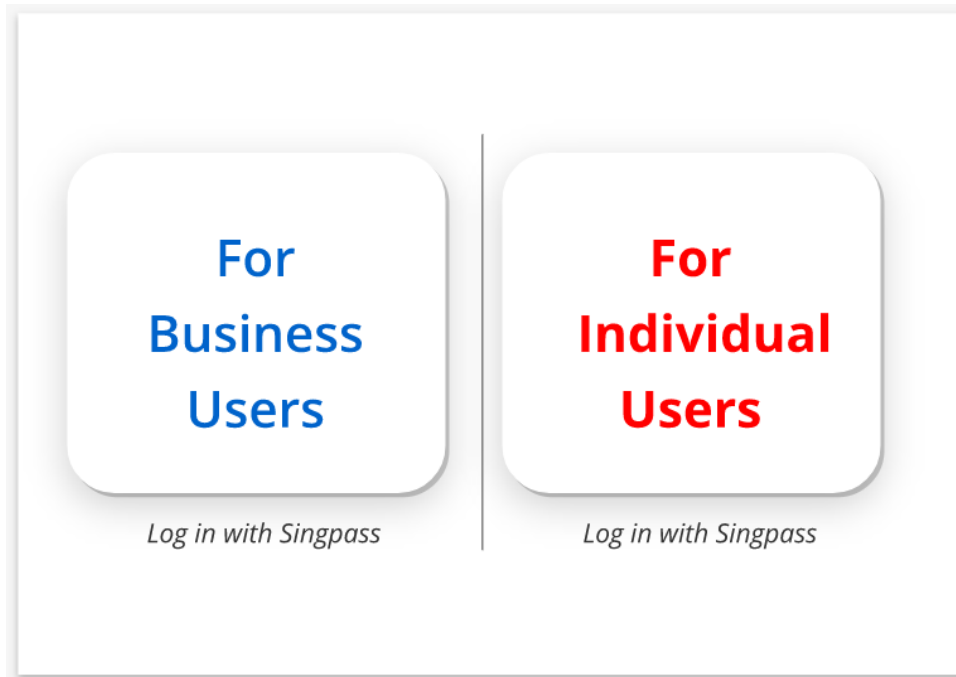
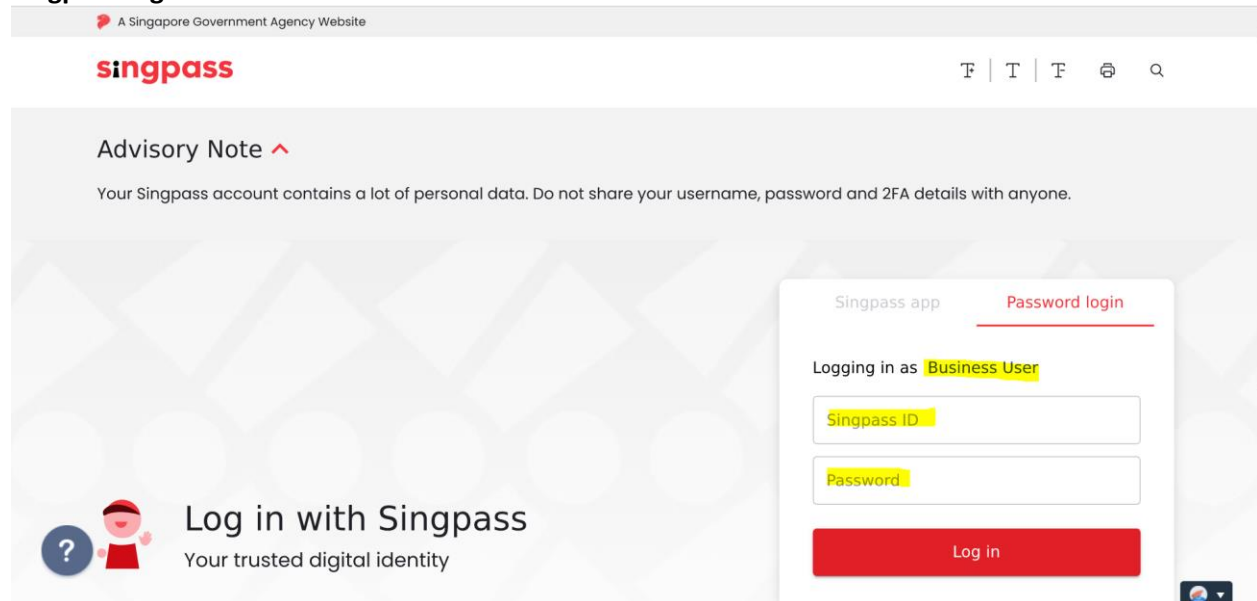


## FOR SCHOOLS REPORTING AS EMPLOYER - GUIDE TO FILE WSH INCIDENT REPORT VIA WSH IR eSERVICE

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



 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



71 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	MASHIAH JOSEPH AARON	Occupier	<a href="#">Select action</a>
AC170378478	06/11/2017	Work-related accident	MARZURA BINTI JAMIL	Employer	<a href="#">Select action</a>
AC170378309	07/11/2017	Work-related accident	MARZURA BINTI JAMIL	Employer	<a href="#">Select action</a>
AC170378249	01/11/2017	Work-related accident	HASAN MD MEHEDI	Employer	<a href="#">Select action</a>
AC170377928	01/11/2017	Work-related accident	MARZURA BINTI JAMIL	Occupier	<a href="#">Select action</a>

### 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'. Click 'Continue'.

## 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



**Tip**

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 >

X Cancel

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

1 Injured person      2 Accident details      3 Contact details      4 Preview & declare      5 Acknowledgement

---

### Injured person

⊕ Add injured person

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

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

6. At 'Add Injured person details' page, enter the information required . Click 'Save'.  
To add another injured person, click 'Save and add another injured person'.  
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



dd/mm/yyyy

Employee's occupation



Average monthly earning in SGD:

[AME calculator](#)

What is the working arrangement of the injured person?

Shift work  Standard working hours

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

Start time

Hour  Minute  AM/PM

End time

Hour  Minute  AM/PM

Is up his main duties?

### 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)

Was the person injured while performing the official work duties?

Yes  No

Was the injured person working overtime when the accident happened?

Yes  No

Hospital/Clinic where the injured person was examined or treated

Get Hospital/Clinic

### Nature of injury

+ Add injury

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

### Insurance details

Employer's work injury compensation insurer name

Save

Save and add another injured person

Back to injured person

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

1 Injured person      2 Accident details      3 Contact details      4 Preview & declare      5 Acknowledgement

### Injured person

+ Add injured person 1 items | Page 1

NAME	NRIC/FIN/ PASSPORT NO	PROFILE	TYPE	ACTION
MARZURA BINTI JAMIL	S1234567A	Employee	Non-Fatal	Select action

Continue >      Save as draft Cancel

8. 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  Minute  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](#) [X Cancel](#)

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



**Organisation contact details**

Organisation UEN: 19900022K  
 Organisation name: CKE MANUFACTURING PTE LTD  
 Mailing address: 65 TAMPINES INDUSTRIAL AVENUE 5 TS @ 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

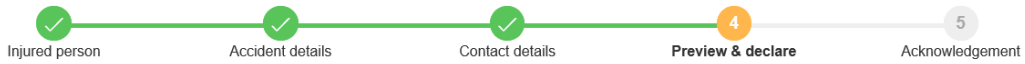
Email address: \_\_\_\_\_

Contact no.: \_\_\_\_\_

< Back   Continue >   Save as draft   X Cancel

10. 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.: **AC170376381**  
 Report type: **Work-related accident**  
 Submitted by: **Employer**

## Injured person

[Edit](#)

NAME	NRIC/FIN/ PASSPORT NO	PROFILE	TYPE	LATE REPORTING REASON	ACTION
MARZURA BINTI JAMIL	S1234567W	Employee	Non- Fatal	NA	<a href="#">Edit</a>

## 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: **199000022K**  
 Organisation name: **CKE MANUFACTURING PTE LTD**  
 Mailing address: **65 TAMPINES INDUSTRIAL AVENUE 5 T5 @ TAMPINES SINGAPORE 528642**  
 No. of employees: **101 - 200**  
 NRIC/FIN: **S9427886D**  
 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 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.

Amendment remarks

0 / 2500


 Please note that providing a false declaration to the Commissioner may constitute an offence under Section 35(2)(c) of the Work Injury Compensation Act or under Section 10(2) of the Workplace Safety and Health (Incident Reporting) Regulations.


[< Back](#)

[Submit >](#)

[X Cancel](#)

11. 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)'**.



 **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**



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 16/05/2018*