

## FOR EMPLOYEE - 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 'SingPass' and enter your Singpass details to login.

If logging in for **CORPORATE** transactions, click here:

Singapore Corporate Access  
**CorpPass**  
BETA

If logging in for **PERSONAL** transactions or does not have CorpPass account, click here:

Singapore Personal Access  
**SingPass**

 **Tip**  
For **corporate users**, please apply for CorpPass to access our eService.  
For **doctors**, you may use either SingPass or CorpPass to access our eService.

### SingPass Login

Singpass ID

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Password

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Login

3. Click 'Create Report'.

## WSH Incident Reporting

Create report

### Draft incident reports

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

REPORT REFERENCE NO	ACCIDENT DATE	CREATION DATE	INJURED PERSONS	REPORT TYPE	ACTION
There are no records yet.					

### Submitted incident reports

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

Use search filters for faster results

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REPORT REFERENCE NO	ACCIDENT DATE	REPORT TYPE	INJURED PERSONS	SUBMITTED BY	ACTION
AC170373724	17/12/2016	Work-related accident	SULAIMAN BIN HASHIM & 1 others	Employer	Select action
DO170373223	07/06/2017	Dangerous occurrence	Nil	Occupier	Select action

4. At **'Create Report'** page, under 'You are reporting as:', select **'Injured Person'** Under 'What are you reporting?' select **'A work-related accident with injured person'**. Click **'Continue'**.

## Create report

You are reporting as:

- Treating Doctor
- Injured person's next-of-kin
- Injured person

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



**Supporting Documents**

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

Continue >

× Cancel

5. At 'Rights under WICA' page, check the box under 'Declaration' for 'The injured person/injured person's next of kin has read and understood his/her entitlements under the Work Injury Compensation Act'.

For 'The injured person/injured person's next of kin is seeking MOM's assistance to recover Medical leave wages and/or medical expenses Permanent incapacity/death compensation' check on what you wish to claim. You can check either boxes or both.



## Rights under WICA



### What is the Work Injury Compensation?

It is the compensation that an injured employee can claim from an employer (or employer's insurer) if he is under these situations:

- Suffer an injury or medical condition in a work accident.
- Contract a disease due to work exposure to a biological or chemical agent.
- Contract an [occupational disease](#).

It is payable under Work Injury Compensation Act (WICA), even if the injured person no longer works for the company or his work pass was cancelled, and regardless of who caused the accident/disease.



### Who is covered?

All employees under a contract of service with the exceptions below:

- Self-employed person/Independent contractor.
- Domestic worker.
- Uniformed personnel (Singapore Armed Forces, Police, Civil Defence, Central Narcotics Bureau, and Prisons Service).



### What can the injured employee claim?

- Medical leave wages.
- Medical expenses.
- Compensation for permanent incapacity (or death), if applicable.



### What to do if an employee is injured at work?

1. Seek medical help. Inform the employer quickly.
  - He will notify the Ministry of Manpower (MOM).
2. Give original Medical Certificate (MC) to the employer.
  - Claim medical leave wages.
3. Give original medical bills to the employer.
  - Keep a copy of the MCs and medical bills.
4. Check with the employer that he has notified MOM of the accident.
5. A lawyer is not necessary. For foreign employee, MOM has interpreters to help file a claim at no extra cost.
6. Decide whether to file a claim under WICA or common law.
  - An injured employee can only claim for one.

For more details, download [Work Injury Compensation Guide for employees](#) or visit MOM's [website](#). If you need help, [contact MOM](#)

## Declaration

The injured person/injured person's next of kin has read and understood his/her entitlements under the Work Injury Compensation Act.

The injured person/injured person's next of kin is seeking MOM's assistance to recover

- Medical leave wages and/or medical expenses
- Permanent incapacity/death compensation

Continue >

Save as draft

Cancel

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

Progress bar: 1. Rights under WICA (checked), 2. Injured person (active), 3. Accident details, 4. Contact details, 5. Preview & declare, 6. Acknowledgement

### Injured person

+ Add injured person

NAME	NRIC/FIN/ PASSPORT NO	MEDICAL LEAVE (DAYS)	ACTION
There are no records yet.			

### Witness (Optional)

Please provide information of eye-witness and/or people whom you informed immediately after the incident.

+ Add witness

NAME	CONTACT NO.	EMAIL ADDRESS	ACTION
There are no records yet.			

< Back   Continue >   Save as draft   X Cancel

7. At 'Add Injured person details' page, enter the information required . 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  
S9049348E

Name: MARZURA BINTI JAMIL  
Nationality: SINGAPOREAN  
Date of birth: 24/12/1990  
Gender: FEMALE  
Race: Malay

Contact no. (optional)


## Mailing address

Address

 Get address

## Employment details

Employer's organisation name

 Search organisation

Employer's mailing address

Occupation 

## Injury details

Did the accident result in death of the injured person?


Yes  No

Were you hospitalised at least 24 hours?

Yes  No

Medical leave (Days)

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.		

 Save

[× Back to injured person](#)

8. At 'Injured Person' page, to edit 'Medical Leave (Days)', click 'Select action'.  
Click 'Add witness' to provide information of eye-witness and/or people whom you informed of your incident.  
Click 'Continue'.



### Injured person

NAME	NRIC/FIN/ PASSPORT NO	MEDICAL LEAVE (DAYS)	ACTION
MARZURA BINTI JAMIL	S9049348E	4	Select action

### Witness (Optional)

Please provide information of eye-witness and/or people whom you informed immediately after the incident.

+ Add witness

NAME	CONTACT NO.	EMAIL ADDRESS	ACTION
There are no records yet.			

< Back

Continue >


Save as draft

Cancel

9. 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

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



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



### Contact person

NRIC/FIN **S9049348E**


Name **MARZURA BINTI JAMIL**

Email address

Contact no.

< Back

Continue >

 Save as draft

[X Cancel](#)

**Note:** If your employer has filed the Incident Report, an alert message as below will appear on the page.



**The employer has already reported the accident**

Reported date: 01/08/2017

You do not need to submit an incident report. Click [here](#) to discard. Please check with the employer for details.

11. Once you have completed the form, you will see '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.: AC170376401  
Report type: Work-related accident  
Submitted by: Injured person

**Rights under WICA** Edit

The injured person/injured person's next of kin has read and understood his/her entitlements under the Work Injury Compensation Act.

The injured person/injured person's next of kin is seeking MOM's assistance to recover

Medical leave wages and/or medical expenses

Permanent incapacity/death compensation

**Injured person** Edit

NAME	NRIC/FIN/ PASSPORT NO	MEDICAL LEAVE (DAYS)	ACTION
MARZURA BINTI JAMIL	S9049348E	4	Edit

**Witness** Edit

NAME	CONTACT NO.	EMAIL ADDRESS	ACTION
There are no records yet.			

## Accident details

[Edit](#)

When did the accident happen? 25/07/2017 03:00 PM

Where did the accident happen? At premises under management or control of employer's organisation

Address or location where the accident happened: 403 TAGORE INDUSTRIAL AVENUE SINDO INDUSTRIAL ESTATE  
SINGAPORE 787798

Describe the events leading to the accident: test

## Contact details

[Edit](#)

NRIC/FIN: S9049348E

Name: MARZURA BINTI JAMIL

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

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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](#)

12. 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: **02/08/2017 10:57 AM**  
Report reference no.: **AC170376401**

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

Email address1

Email address2

Send

Go to Homepage >