

FOR 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 'CorpPass' and enter your CorpPass details to login.

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



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



For **corporate users** (Employer, Occupier or Legal representative), you must use CorpPass to access our eService.
For **doctors**, you may use either SingPass or CorpPass to access our eService.

CorpPass Login

Corppass ID

UEN/Entity ID

Password

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

3 items | Page 1

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 **'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'.

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



[Report 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	S9049348E	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?

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: 199000022K

Organisation name: CKIE 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: S9427886D
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	S9049348E	Employee	Non- Fatal	NA	Edit

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](#)

[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)'**.

Injured person Accident details Contact details Preview & declare **5 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 17/10/2017