

FOR EMPLOYER

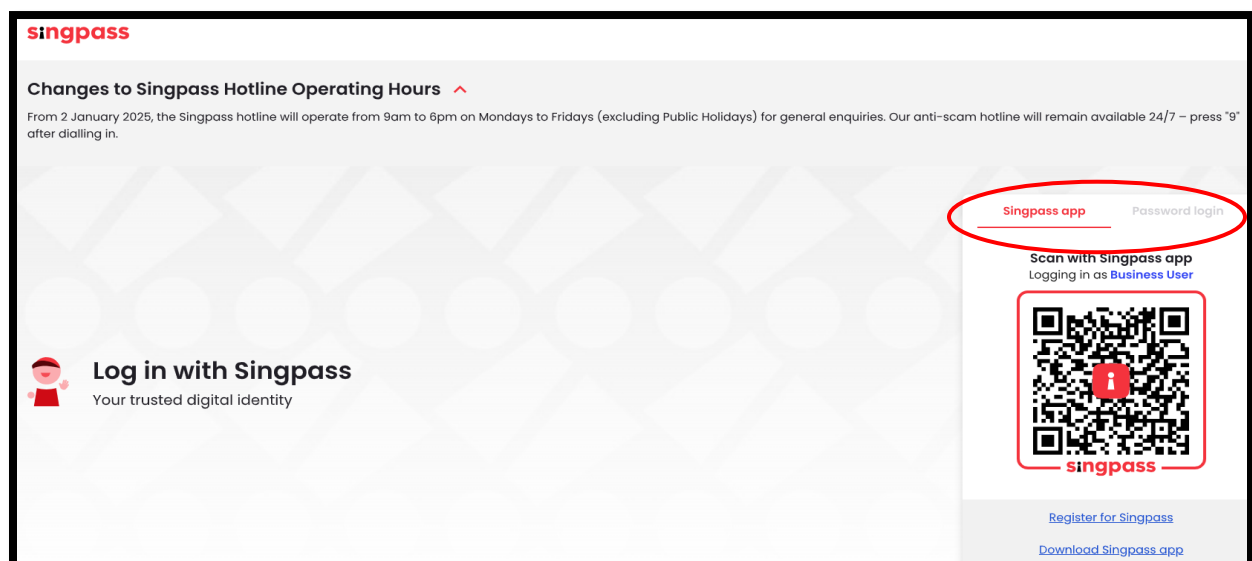
GUIDE TO FILE WSH INCIDENT REPORT VIA MYMOM PORTAL

Note: This guide is not for employer (with worker who is also a platform worker) or platform operator.

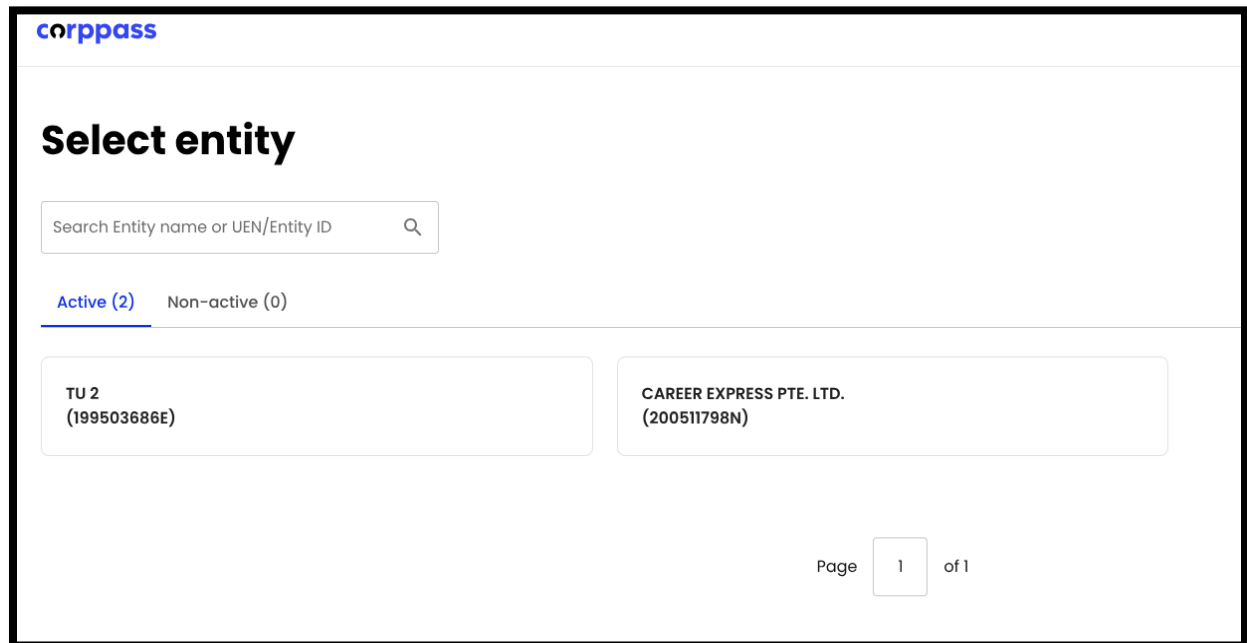
1. To submit the WSH Incident Report for reporting work-related accidents at the following link:
(<https://www.mom.gov.sg/eservices/services/wsh-incident-reporting>)
2. Click “Log in to myMOM Portal”.



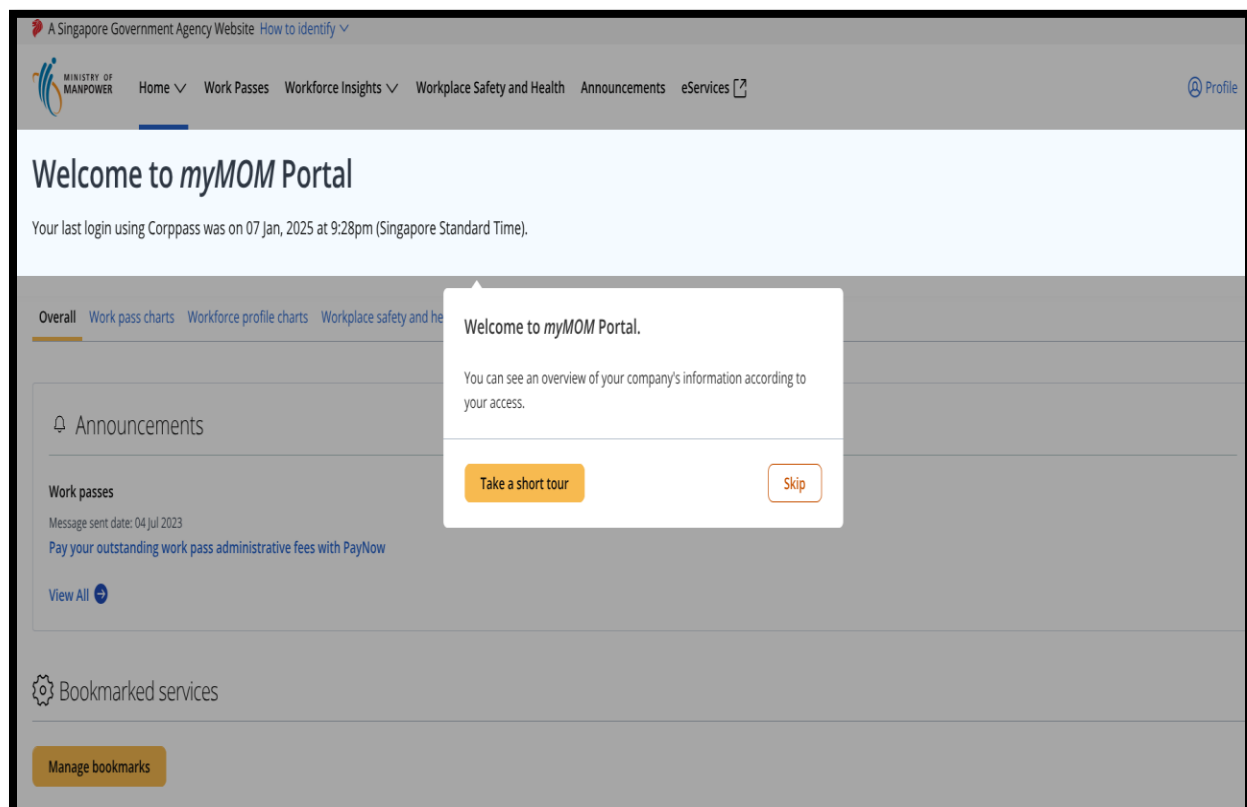
3. Scan QR code with your ‘Singpass app’ or ‘Password login’ to login.



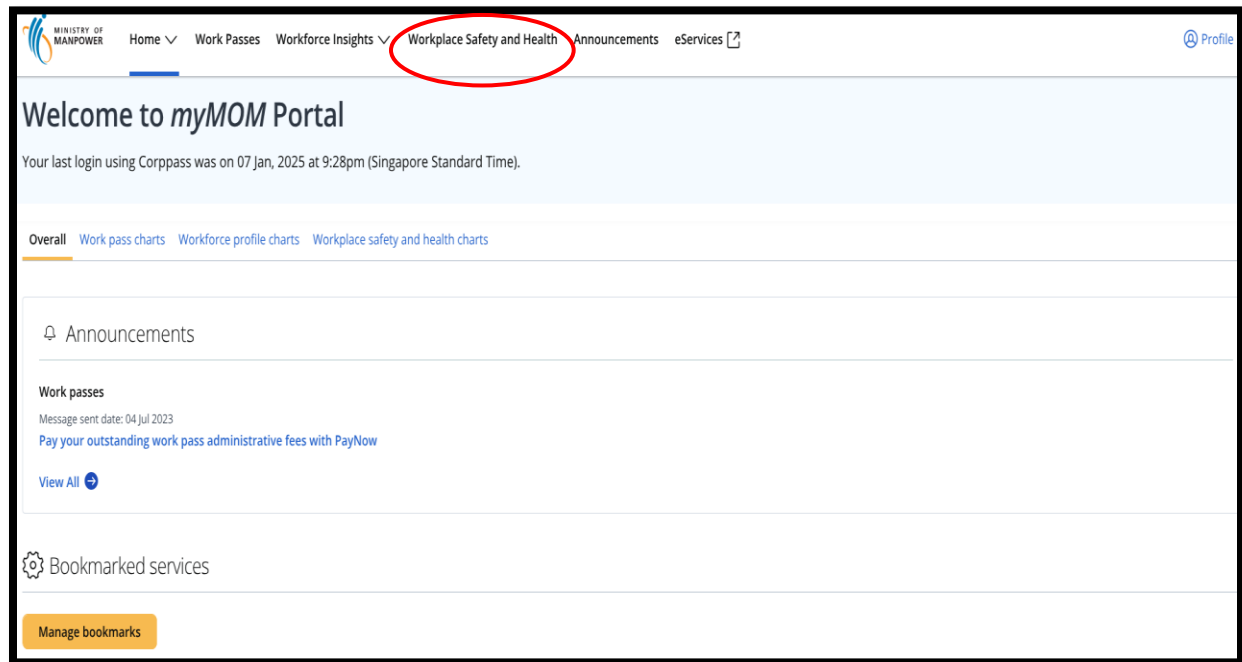
4. Select your organisation's '**UEN/Entity ID**'. This will display all UEN/Entity IDs associated with your organisation.



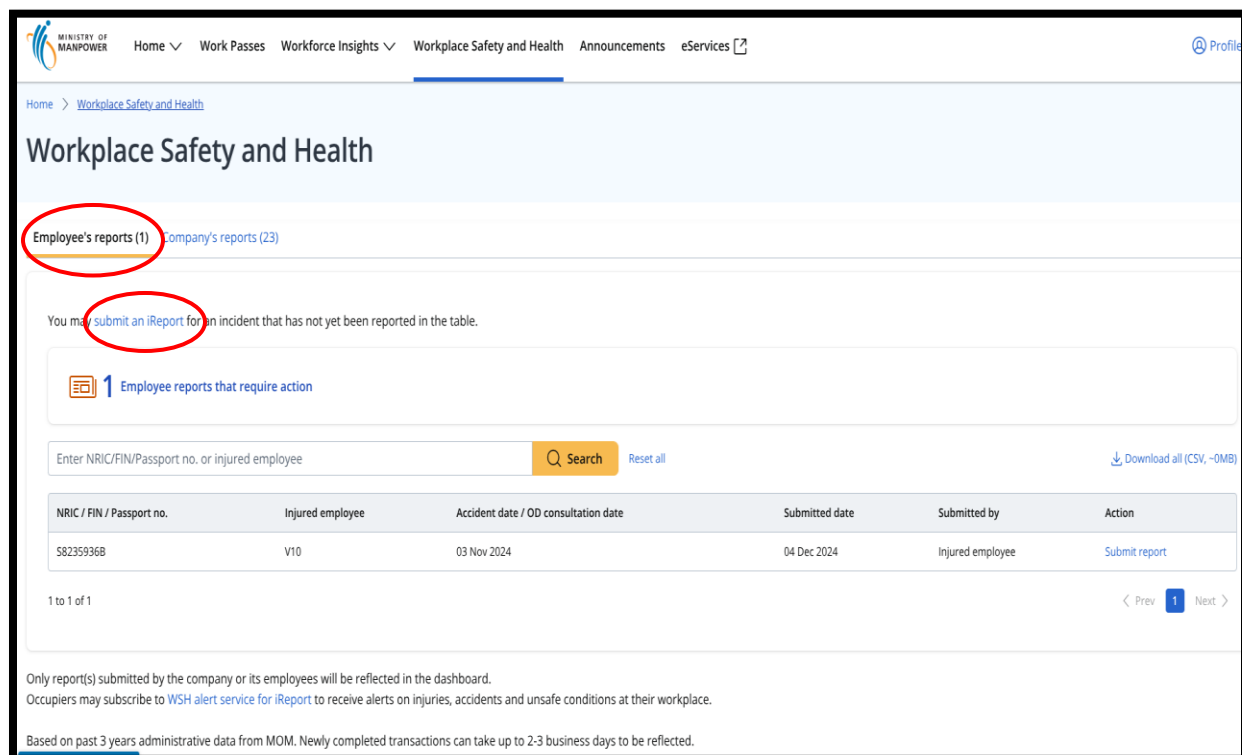
5. At the '**myMOM Portal**' page, you will see an overview of your company's information.



- Click '**Workplace Safety and Health**' menu to view all '**Employee's reports**' and '**Company's reports**'.



- Under '**Employee's reports**', view your organisation's data. Click '**Submit an iReport**' to access WSH Incident Reporting.



8. Click '**Create Report**' to submit an incident 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)

WicSubmit & check claim status

If you want to view the WIC claim details related to you/your organization, please click [here](#) to login to the work injury compensation system(EmPOWER).

Note: After submission, only certain fields in the iReport can be amended, as the cases may have been routed for case processing or follow-up. If you are unable to amend the fields (greyed out in the iReport eservice), you may submit your request for amendment online: <https://form.gov.sg/657183ca07c8110012c690d6> . For more information, visit the FAQ for WSH incident reporting: <https://www.mom.gov.sg/faq/ireport>.

9. At the **'Create Report'** page, gather the information and documents required before proceeding.
- Select **'Employer'** when reporting an incident involving your employee from your organisation.
 - Select and fill in all mandatory fields.
 - Click **'Continue'** to go to the next page.
 - Click **'Cancel'** to discard your information.

Create report

You are reporting as:

☒ Employer

☐ Occupier

☐ Injured person's legal representative

☐ Platform Operator

☐ Treating Doctor

What are you reporting?

☒ A work-related accident with injured person

☐ An occupational disease

Was the injured person working as a **platform worker** (e.g. a ride-hail or food delivery worker under a work agreement with Platform Operator) when the accident occurred?

☐ Yes ☒ No

When did the accident happen?

dd/mm/yyyy

Hour ▾ Minute ▾ AM/PM ▾

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

Only select 'Yes' if your worker is also a platform worker and the date of accident is on or after 1 January 2025
(For example: ride-hail or delivery worker for e-commerce or food delivery) who has a platform work agreement and is under the management control of a platform operator when providing services for payment or benefit in kind.

For more details on "Platform Worker", visit:
<https://www.mom.gov.sg/employment-practices/platform-workers-act/platform-worker>



 **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

10. At 'Injured Person' page,
- Click 'Add injured person'.

Create report

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

- Click 'Save as draft' to save the report and retrieve the draft for amendments within 14 days from the date the incident report was created.
- After 14 days, the draft will automatically be deleted from the system.

X Cancel



11. At the **'Add Injured person details'** page,

- Enter their NRIC number in the text box and click the **'Retrieve'** button.
- Check that all the personal particulars are correct.
- Fill in all the other mandatory fields.

Add injured person details

Personal particulars

NRIC/FIN
S8117716C

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

Name
MELVIN SIM

Date of birth:
Day Month Year


Gender

Preferred Language

Contact No. (Please provide a Singapore-registered contact no., preferably handphone no.)

Mailing address

Address



Employment details

Start date of employment

Employee's occupation

Average monthly earning in SGD: [AME calculator](#)

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 the employee a manual worker where manual work performed by him makes up his main duties?
☐ Yes ☐ No

11a. Steps for **fatal accidents** involving the injured person.

(Skip to **Point 11b. for non-fatal accidents steps**)

- At the 'Injury details' section
- Select 'Yes' for "Did the accident result in death of the injured person".
- For '**Cause of death (Optional)**', this is based on the death certificate. Leave the field blank if the option is not applicable and state the cause in the field "Describe the events leading to the accident".
- Select '**Get Hospital/Clinic**' where the injured person was examined or treated.

Injury details

Did the accident result in death of the injured person?
☒ Yes ☐ No

Note
 You have reported a fatal accident. Please submit death certificate as soon as possible.

Cause of death (Optional)

Was the person injured while performing the official work duties?
☒ Yes ☐ No

Hospital/Clinic where the injured person was examined or treated
 TAN TOCK SENG HOSPITAL

Insurance details

Employer's work injury compensation insurer name

[Back to injured person](#)

Cause of death (Optional)

- Cause of death (Optional)
- Drowning
- Heart Attack
- Mosquito-Borne Disease
- Stroke
- Virus Outbreak (SARS, H1N1)

11b. Steps for **non-fatal accidents** involving the injured person.

- At the '**Injury details**' section.
- Select '**No**' for "Did the accident result in death of the injured person".

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?

☒ Yes ☐ No

Hospital/Clinic where the injured person was examined or treated

TAN TOCK SENG HOSPITAL

[Get Hospital/Clinic](#)

- At the '**Add Injury**' section,
 - Select the injuries details and fill in all mandatory fields.
 - Click on the body parts based on the injured area.
 - Once done, click '**Save**'
 - Click 'Back to injured person details' to exit without saving.

Nature of injury

[+ Add injury](#)

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

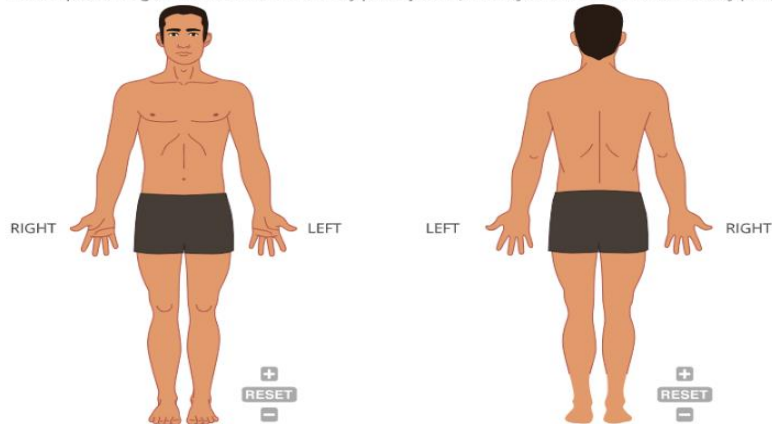
Add Injury

Please select the injuries details
Sprains/Strains

Did the injury involve slips, trips, falls or hit by object?

☐ Yes ☐ No

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



Save

Save and add another injury

[X Back to injured person details](#)

Nature of injury

Add injury

NATURE OF INJURY	ASSOCIATED BODY PART INJURED	ACTION
Sprains/Strains 1. Did the injury involve slips, trips, falls or hit by object? Yes	1) Thigh & Knee Part (Right)	Select action

- At the 'Insurance details' section
 - Select the insurer name, fill in all mandatory fields.
 - Once done, click 'Save'.
 - Click 'Save and add another injured person' if require.

Insurance details

Employer's work injury compensation insurer name
ALLIANZ INSURANCE SINGAPORE PTE. LTD.

Insurance policy no.:

Select 'Yes' if you are covered under an approved WICA 2019 policy (commenced on or after 1 Jan 2021), OR select 'Exempted' if your employee is listed under the excluded classes of employees in the [2nd Schedule of the WIC \(Insurance Regulations 2020\)](#), OR select 'Uninsured' if you do not have any WICA policy. If you are unsure, please check with your insurer.

☒ Yes ☐ No

Save

Save and add another injured person

[X Back to injured person](#)

12. After completion,
- Click '**Continue**' to proceed next page.

The screenshot shows the 'Create report' interface with a progress bar at the top indicating five steps: 1. Injured person (active), 2. Accident details, 3. Contact details, 4. Preview & declare, and 5. Acknowledgement. Below the progress bar, the section is titled 'Injured person' with a sub-header '1 items | Page 1'. A table lists the injured person's details:

NAME	NRIC/FIN/PASSPORT NO	PROFILE	TYPE	ACTION
MELVIN SIM	S8117716C	Employee	Non-Fatal	Select action ▼

At the bottom left, the 'Continue >' button is highlighted with a red circle. To its right is a 'Save as draft' button, and at the bottom right is a 'Cancel' link.

13. At '**Accident details**' page,
- For '**How did the accident happen**', refer to [Page 15](#) on the '**Type of Accidents**'.
 - For '**What objects or environment lead to the accident**', refer to [Page 21](#) for the list.

The screenshot shows the 'Accident details' page, which is the second step in the report creation process. The progress bar at the top shows step 2 is active. The page contains several form fields:

- When did the accident happen?**: A date field set to 01/01/2025.
- Hour**: A dropdown menu set to 09.
- Minute**: A dropdown menu set to 00.
- AM/PM**: A dropdown menu set to AM.
- Where did the accident happen?**: A text input field.
- How did the accident happen?**: A dropdown menu.
- What objects or environments lead to the accident?**: A dropdown menu.
- Describe the events leading to the accident**: A list of bullet points for description.
- Please specify**: A text input field for additional details.

Annotations with arrows point to specific fields:

- An arrow points from the 'Where did the accident happen?' field to a box stating: "If the accident happened at your premises, select 'At premises under management of your organisation'. This will automatically update your informant type to both 'Employer' and 'Occupier'."
- An arrow points from the 'Describe the events leading to the accident' section to a box stating: "Provide full accident description. Do not put 'NA' or 'Referring to attachments' such as police reports or company investigation reports."

At the bottom, there are buttons for '< Back', 'Continue >', 'Save as draft', and a 'Cancel' link.

14. At 'Organisation Contact details' page, enter the details required then click 'Continue'.

The screenshot shows the 'Create report' interface with a progress bar at the top indicating five steps: 1. Injured person (checked), 2. Accident details (checked), 3. Contact details (active), 4. Preview & declare, and 5. Acknowledgement. The 'Organisation contact details' section includes fields for Organisation UEN (198200222C), Organisation name (BAKER HUGHES SERVICES PTE. LTD.), and Mailing address (50 COLLYER QUAY #09-01 OUE BAYFRONT SINGAPORE 049321). Below this is a section for 'No. of employees' with radio button options: 1 - 10, 11 - 50, 51 - 100, 101 - 200, and 201 & above. The 'Contact person' section includes fields for NRIC/FIN (S8117716C), Name (MELVIN SIM), Email address, and Contact no. At the bottom, there are three buttons: '< Back', 'Continue >' (highlighted with a red circle), and 'Save as draft'. A 'Cancel' link is also present in the bottom right corner.

15. At 'Preview and Declare' page,

- Check the information is correct before submission.
- Click 'Edit' when you wish to amend certain field in the report.

The screenshot shows the 'Create report' interface with the progress bar updated to step 4, 'Preview & declare' (active). The 'Preview & declare' section displays the following information: Report reference no.: AC250417277, Report type: Work-related accident, and Submitted by: Employer. A 'Print' button is located in the top right corner. Below this is the 'Injured person' section, which contains a table with one entry for MELVIN SIM. The 'Edit' link in the 'ACTION' column of this table is highlighted with a red circle. At the bottom, a yellow information box contains a disclaimer: '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.'

NAME	NRIC/FIN/PASSPORT NO	PROFILE	TYPE	ACTION
MELVIN SIM	S8117716C	Employee	Non-Fatal	Edit

Accident details

[Edit](#)

When did the accident happen? 01/01/2025 09:00 AM

Where did the accident happen? In a public place or road/overseas location

Address or location where the accident happened: SERANGOON AVE 4 CARPARK.

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: The worker slipped when walking towards his car in a public carpark.

Organisation contact details

[Edit](#)

Organisation UEN: 199503686E

Organisation name: KOCH REFINING INTERNATIONAL PTE. LTD.

Mailing address: 260 ORCHARD ROAD #11-01/09 THE HEEREN SINGAPORE 238855

No. of employees: 201 & above

NRIC/FIN: S1284206F

Name: LIM TING CHUAN

Email address:

Contact no.: 91234567

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

Click to upload
documents here



Select a file from your computer

The uploaded file must be in PDF and under 3MB in size.

Supporting documents

DOCUMENT	DOCUMENT TITLE	UPLOAD INFO	ACTION
No supporting documents found			

- Click **'Submit'** after **'tick'** the box under the **'Declaration'** section.

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
Cancel

16. At **'Acknowledgement'** page,

- Check if the report has been successfully submitted.

Create report

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 may amend certain fields in the iReport within one month for e.g. to update additional medical certificates issued to the injured worker.
 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 from the iReport submission date, or to view the WIC claim details related to you/your organization, please click [here](#) to login to the work injury compensation system(EmPOWER).

Submitted date: **08/01/2025 04:44 PM**
 Report reference no.: **AC250417277**

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

You can help your employee to return to work earlier and safely through [Return to Work](#) programme. This programme has helped 95% of participants successfully back to work. The programme costs are claimable under your work injury compensation insurance policy. Please [contact us](#) (click "Enquire about WSH Council Programmes") if you need more assistance.

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

Email address1

Email address2

Send

Go to Homepage >

Fill up to 2 email addresses to receive a copy of the incident report details.

Type of Accident

17. List of 'Type of accident' which identify the type of event which resulted in the injury of a victim.

- Select the most appropriate accident type from the dropdown list.
- **Please specify if select 'Others'.**

Type of accident :

< Select >

< Select >

Falling From Heights

Injured by Moving, Fixed or Stationary objects

Fires / Explosion

Exposure to Extreme Temperatures, Electric Current, Biological Materials and Hazardous Substances

Collapse / Failure of structures

Slips and Trips

Over-exertion/Strenuous Movements

Others

17a. Fall from Heights

Type of accident :

Falling From Heights

< Select >

< Select >

From Roof

From Mobile Work Platform (e.g. cherry pickers, mast climbing work platform, suspended scaffolds)

From Scaffold

From Ladder

From Stairs/Steps

From Structure

From Vehicle

Other Locations (e.g. holes in the ground, machines, trees, hoist towers)

From Machines

Into Depths

17b. Injured by Moving, Fixed or Stationary objects

Type of accident :

Injured by Moving, Fixed or Stationary objects

< Select >

< Select >

Struck by falling objects (e.g. worker struck by falling debris)

Struck by moving objects (e.g. worker hit by hammer or some flying object) excluding falling objects

Cut/Stabbed by objects (e.g. knives, needles)

Striking against fixed or stationary objects (e.g. worker walked into glass door)

Stepping on objects (e.g. worker stepped on nails)

Caught in/between objects (e.g. worker sandwiched between machine and walls)

17c. Fires/ Explosion

Type of accident :

Fires / Explosion

< Select> ▼

< Select>

- Involving Pressurised Vessels
- Involving Flammable Substances
- Involving Machines
- Others

Type of accident :

Fires / Explosion ▼

Others ▼

Please Specify :

17d. Exposure to Extreme Temperature, Electric Current, Biological Materials and Hazardous Substances

Type of accident :

Exposure to Extreme Temperatures, Electric Current, Biological Materials and Hazardous Substances ▼

< Select> ▼

< Select>

- Exposure to/contact with extreme temperatures (heat/cold)
- Exposure to/contact with electric current
- Exposure to/contact with biological materials (e.g. animals, people, plants, insects, virus, bacteria)
- Exposure to/contact with hazardous substances (e.g. chemicals, dusts, gases, solids, radiations)
- Discharge of Dangerous Substances

17e. Collapse/Failure of Structures

Type of accident :

Collapse / Failure of structures ▼

< Select> ▼

< Select>

- Collapse/Overturning of cranes and other lifting equipment
- Collapse of scaffolds
- Collapse of formwork/Failure of its supports
- Cave-in of excavation, tunnel, etc
- Collapse of building, walls under construction
- Failure of dry dock or floating dock leading to accidental flooding

17f. Slips and Trips

Type of accident :

Slips and Trips

17g. Over-exertion/Strenuous Movements

Type of accident :

Over-exertion/Strenuous Movements

17h. Others

Type of accident :

Others

< Select>

< Select>

Traffic Accidents

Suffocation/Drowning

Other accident types not elsewhere classified

Physical Assault

Medical Conditions

17i. Traffic Accident

* Type of accident :

Others
Traffic Accidents

Traffic Accident is displayed as 1st level AT in WSH Incident Reporting eService

* What mode of transport was the injured person taking at the time of the accident?

☐ Company vehicle
☐ Personal vehicle
☐ Public Transport
☐ Others, please state:

* Where was the injured person travelling from?

(Max of 500 characters)

* Where was the injured person travelling to?

(Max of 500 characters)

* Why did the injured person travel to this location?

(Max of 500 characters)

* Did the injured person make any detour to other location(s)?

☐ Yes ☐ No

* Vocational driver e.g. courier/dispatch/delivery driver or required to work in the vehicle (e.g. driving instructor)

☐ Yes ☐ No

* Type of equipment or agencies that led to the accident :

< Select >

* Describe the events that led to the accident :

Give as much details as you can. For instance

- the name and type of machinery or substance involved
- the events that led to the accident
- what the injured person was doing at the time of the accident
- name of other persons involved or witnesses

(Max of 3000 characters.
You may attached further description of accident at the end of this report)

Back Next Cancel Submission

Q: If the injured was struck by a moving vehicle, do we code the event as a traffic accident?
- What are traffic accidents?

A: If the accident happened in an area which is part of the occupier's premises (including roads in the premises), then it should not be considered as traffic accident, but coded as “Struck by Moving Object” instead.

Scenarios for Traffic Accident	Accident Description	Type of accident:	Type of equipment or agencies that led to the accident:
Scenario 1 If the accident happened on a public road which is not part of any occupier's premises.	The employee claimed that despite he had pulled the hand brake, the company lorry still continue to move forward and hit a tree. This incident had caused his hand to be injured.	Traffic Accident	Motor Vehicles (e.g. lorries, prime movers)
	A delivery driver was driving a van along Pioneer Road to deliver goods when he lost control of the van and crashed into a tree along the road.		
Scenario 2 If the accident happened on a public road but the area was part of the occupier's premises (road construction).	A worker was hit by a passing vehicle while assisting in the road construction works.	Struck by Moving Objects (Not to be classified as traffic accidents)	Motor Vehicles (e.g. lorries, prime movers)
Scenario 3 If the accident happened within the occupier's premises (factory's car park).	A production worker took a nap by lying on a car park in the factory premises. A car hit him.	Struck by Moving Objects (Not to be classified as traffic accidents)	Motor Vehicles (e.g. lorries, prime movers)

17j. **Suffocation/Drowning**

Type of accident :

Others

Suffocation/Drowning

17k. Please specify if select ‘Other Accident Types Not Elsewhere Classified’

Type of accident :

Others

Other accident types not elsewhere classified

* Please Specify :

17l. **Physical Assault**

Type of accident :

Others

Physical Assault

17m. **Medical Conditions**

Type of accident :

Others

Medical Conditions

What Objects or Environments lead to the Accident

18. List of 'Objects or Environments lead to the accident' which identify the item that leads to the accident type (related to the accident and not injury).

- Select the most appropriate accident type from the dropdown list.
- Please specify if select 'Others'.

Type of equipment or agencies that led to the accident :

< Select > ▼

< Select >

Lifting Equipment including cranes

Forklift, Excavators and other industrial trucks

Pressurised Equipment

Industrial Hand tools

Industrial Machines

Means of Access

Other Physical Workplace

Others

18a. Lifting Equipment including Cranes

Type of equipment or agencies that led to the accident :

Lifting Equipment including cranes ▼

< Select > ▼

< Select >

Mobile / Crawler Cranes

Tower Cranes

Overhead Cranes

Piling machines

Lifting appliances / gears (e.g. chain block)

Lifts and Hoists

Mobile Work Platform (e.g. cherry pickers, mast climbing work platform, suspended scaffold)

Others

Type of equipment or agencies that led to the accident :

Lifting Equipment including cranes ▼

Others ▼

* Please Specify :

18b. Forklift, Excavators and other Industrial Trucks

Type of equipment or agencies that led to the accident :

Forklift, Excavators and other industrial trucks ▾

< Select> ▾

< Select>

- Forklifts
- Reach truck / stacker
- Automatic storage retrieval system
- Excavators
- Steam rollers
- Others

Type of equipment or agencies that led to the accident :

Forklift, Excavators and other industrial trucks ▾

Others ▾

* Please Specify :

18c. Pressurised Equipment

Type of equipment or agencies that led to the accident :

Pressurised Equipment ▾

< Select> ▾

< Select>

- Pressurised Piping / Accessories (e.g. spray hose, pressure relief valves, gauges)
- Air / Steam Receivers
- Refrigerating Plant Pressure Receivers
- Boilers
- Gas Cylinders (e.g. oxygen tank, acetylene tank, LPG tank)
- Heat Exchangers
- Others

Type of equipment or agencies that led to the accident :

Pressurised Equipment ▾

Others ▾

* Please Specify :

18d. **Industrial Hand Tools**

Type of equipment or agencies that led to the accident :

Industrial Hand tools

< Select>

< Select>

Non-electrical hand tools (e.g. hammer, screw driver)

Electrical hand tools (e.g. electrical drills)

18e. **Industrial Machines**

Type of equipment or agencies that led to the accident :

Industrial Machines

< Select>

< Select>

Power Press

Guillotine Machine

Lathes or Milling Machine

Drilling Machine

Bar Benders

Saws (e.g. table saws, band saws)

Transmission Machines (e.g. belts, gear, chain, pulley)

Others

Type of equipment or agencies that led to the accident :

Industrial Machines

Others

Please Specify :

18f. Means of Access

Type of equipment or agencies that led to the accident :

Means of Access

- < Select>
- < Select>
- Scaffold (Metal/Bintagor)
- Stairs or Steps
- Ladders
- Gangway
- Mobile ramp
- Others

Type of equipment or agencies that led to the accident :

Means of Access

Others

Please Specify :

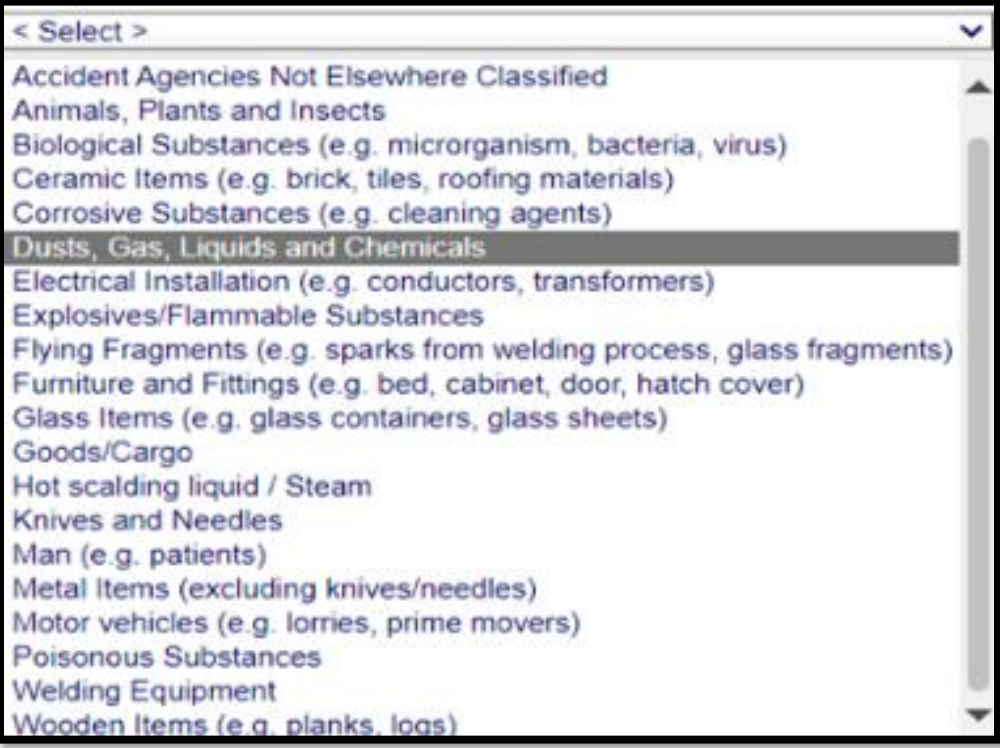
18g. Other Physical Workplace

Type of equipment or agencies that led to the accident :

Other Physical Workplace

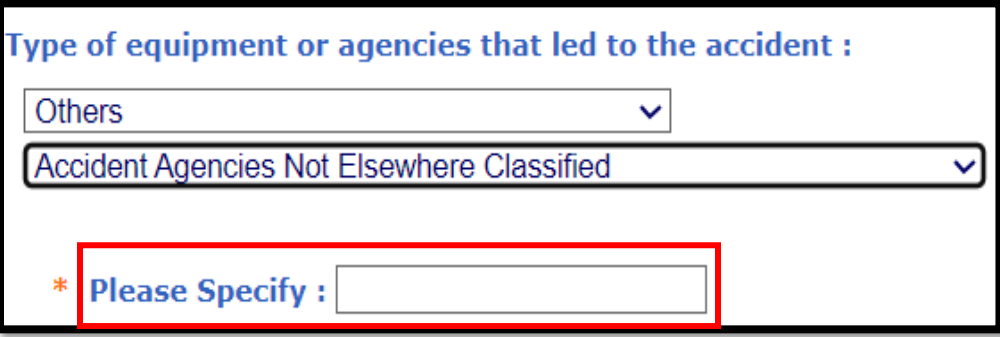
- < Select>
- < Select>
- Floor/Level Surfaces
- Roof (including skylight)
- Structures
- Form Work
- Confined Space

18h. Others



A screenshot of a web form dropdown menu. The menu is titled "< Select >" and contains a list of accident types. The item "Dusts, Gas, Liquids and Chemicals" is currently selected and highlighted in grey. The list includes: Accident Agencies Not Elsewhere Classified, Animals, Plants and Insects, Biological Substances (e.g. microorganism, bacteria, virus), Ceramic Items (e.g. brick, tiles, roofing materials), Corrosive Substances (e.g. cleaning agents), Dusts, Gas, Liquids and Chemicals, Electrical Installation (e.g. conductors, transformers), Explosives/Flammable Substances, Flying Fragments (e.g. sparks from welding process, glass fragments), Furniture and Fittings (e.g. bed, cabinet, door, hatch cover), Glass Items (e.g. glass containers, glass sheets), Goods/Cargo, Hot scalding liquid / Steam, Knives and Needles, Man (e.g. patients), Metal Items (excluding knives/needles), Motor vehicles (e.g. lorries, prime movers), Poisonous Substances, Welding Equipment, and Wooden Items (e.g. planks, logs).

18i. Please specify if select '**Other Accident Types Not Elsewhere Classified**'
For example: Trolley and etc.



A screenshot of a web form section titled "Type of equipment or agencies that led to the accident :". It contains two dropdown menus. The first dropdown menu has "Others" selected. The second dropdown menu has "Accident Agencies Not Elsewhere Classified" selected. Below these menus, there is a red rectangular box containing the text "* Please Specify :" followed by an empty text input field.

Updated as at 13/01/25.