

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

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



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



**Tip**

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

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UEN/Entity ID

---

Password


---

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

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Draft record(s)

### Submitted incident reports

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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	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

01

Minute

00

AM/PM

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



**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



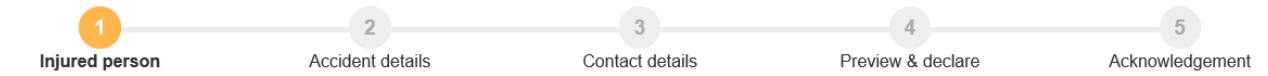
**Supporting Documents**

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

Continue >

× 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

 Add 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


 Save

[X Back to injured person](#)

## Add Injury

Please select the injuries details

 Save

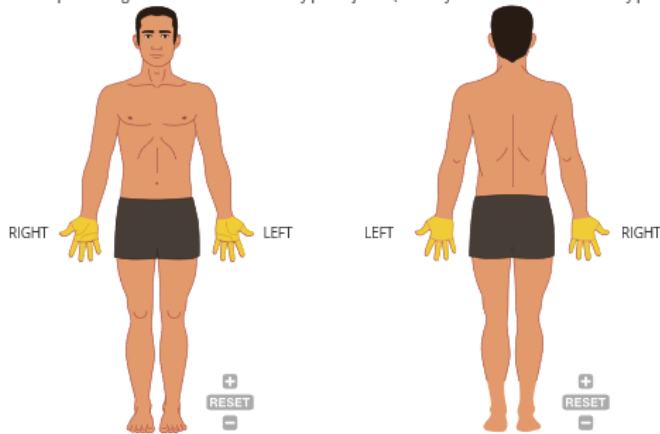
 Save and add another injury

[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)



 Save

 Save and add another injury

[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

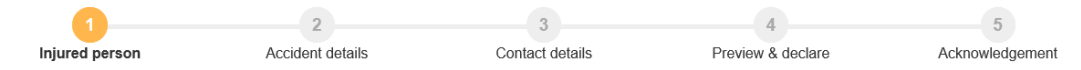
Employer's work injury compensation insurer name  
AIA SINGAPORE PRIVATE LIMITED

Insurance policy no.:

 Save

[X Back to injured person](#)

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



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

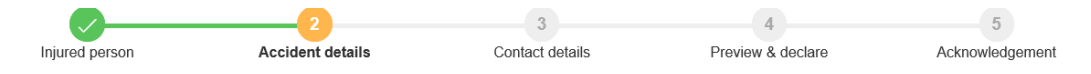
### Injured person

+ Add injured person 1 items | Page 1

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

Continue >    Save as draft    X 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.



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

### 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

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

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

### Organisation contact details

Organisation UEN    199000022K  
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	<a href="#">Edit</a>



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: **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: **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    **5 Acknowledgement**

**Success**  
Your report has been submitted.

## Acknowledgement



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 18/09/2020*