

# **FOR PLATFORM OPERATORS**

## **A GUIDE TO FILE WSH INCIDENT REPORT VIA WSH IR eSERVICES**

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

**WSH Incident Reporting**

Employers or occupiers can submit a work-related incident report. Doctors can notify MOM for employees who have Occupational Diseases. You can also amend, purchase or download iReport. Find out more on [what else you can do with this eService](#).

→ **For employers only**

Log in to myMOM Portal

→ **For other parties like insurer, occupier, treating doctor, injured employee, platform operator and platform worker**

Log in to WSH Incident Reporting

● Service is online

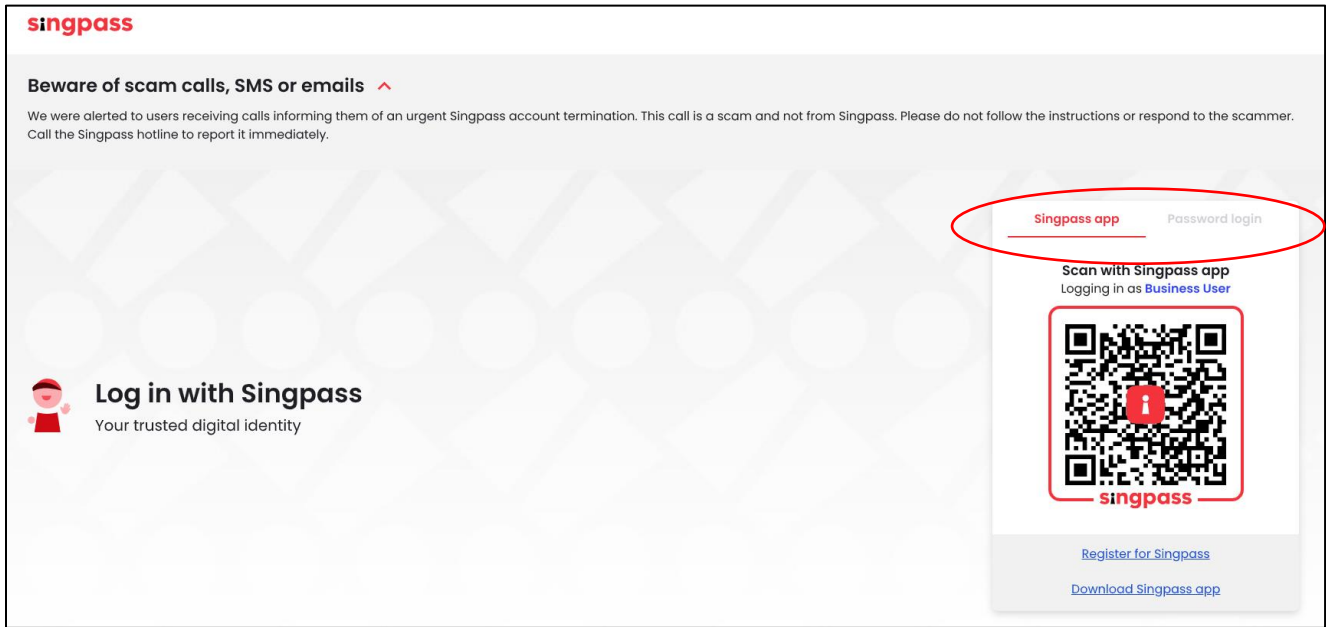
**Availability**  
24 hours

3. Click “For Business Users”.

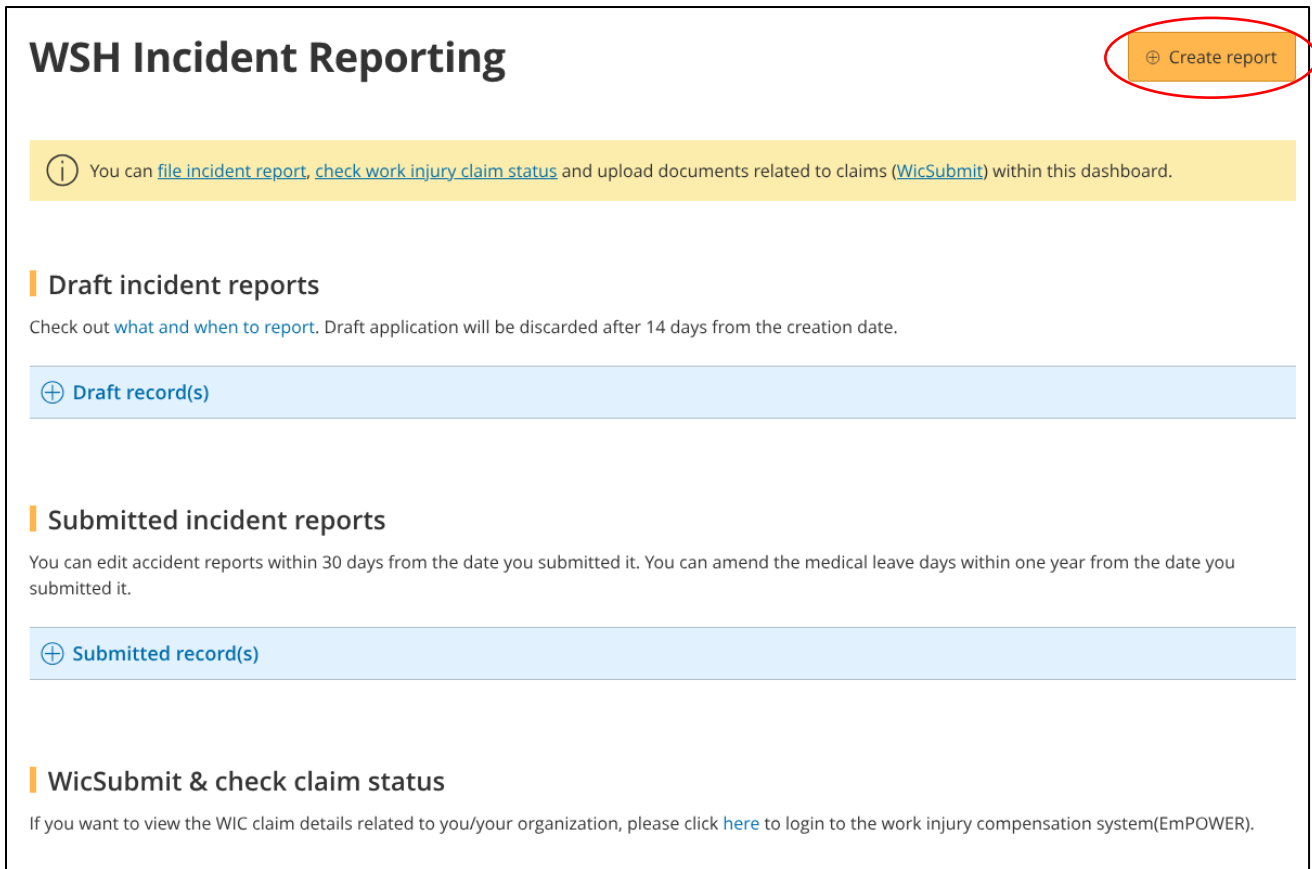
**For Business Users**  
Log in with Singpass

**For Individual Users**  
Log in with Singpass

4. Scan QR code with your **'Singpass app'** or use **'Password login'** to login.



5. Click **'Create Report'** to submit an incident report.



6. At the **'Create report'** page, gather the information and documents required before proceeding.
- Select **'Platform Operator'** when reporting an incident involving a platform worker from your organisation.
  - Select and fill in all the 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

When did the accident happen?

10/10/2024

Hour: 01 Minute: 00 AM/PM: PM

How was your employee injured in the accident?

- Died in the accident
- Hospitalised for at least 24 hours
- Issued Medical leave

**Continue >** X Cancel

*Note: Red arrows point to the 'Platform Operator' radio button and the 'Continue >' button. A red circle highlights the 'Platform Operator' radio button.*

7. At the **'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**

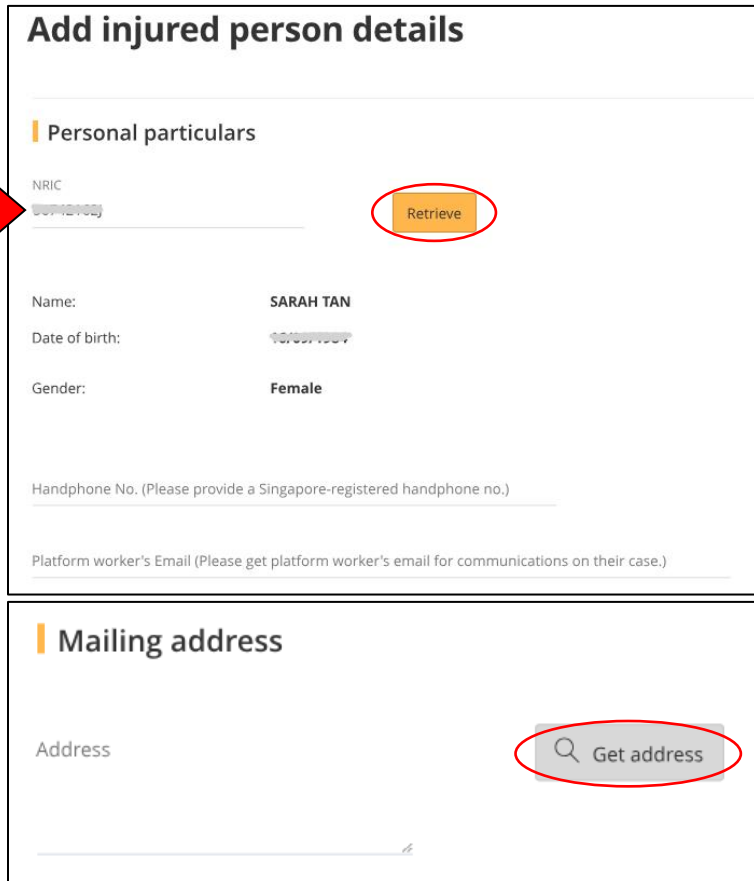
**+ Add injured person**

| NAME                      | NRIC | PROFILE | TYPE | ACTION |
|---------------------------|------|---------|------|--------|
| There are no records yet. |      |         |      |        |

**Continue >** **Save as draft** X Cancel

*Note: A red circle highlights the '+ Add injured person' button.*

8. 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  
[REDACTED] Retrieve

Name: SARAH TAN  
Date of birth: [REDACTED]  
Gender: Female

Handphone No. (Please provide a Singapore-registered handphone no.)  
[REDACTED]

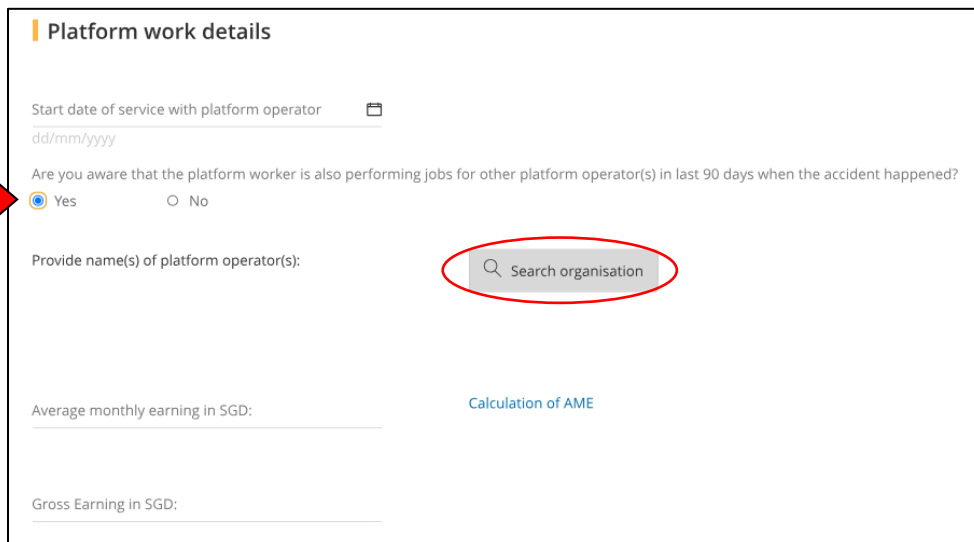
Platform worker's Email (Please get platform worker's email for communications on their case.)  
[REDACTED]

---

### Mailing address

Address  
[REDACTED] Get address

9. At the **'Platform work details'** section,
- Fill in all the mandatory fields.
  - If you select **'Yes'**, click button to search for the organisation. If unapplicable, select **'No'**.



### Platform work details

Start date of service with platform operator

Are you aware that the platform worker is also performing jobs for other platform operator(s) in last 90 days when the accident happened?  
 Yes  No

Provide name(s) of platform operator(s): Search organisation

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

Gross Earning in SGD:

- Select the mode of transport registered with the platform operator.

What is the mode of transport registered with the platform operator:

Please Select

Cars, Vans, Lorries, Trucks

Motorcycles, Power-assisted Bicycles, Motorised Personal Mobility Devices

Bicycles, on foot

Public transport

10. Steps for **non-fatal accidents** involving the injured person. (Skip to [Point 14. for fatal accidents steps](#))

- At the **'Injury details'** section.
- Select **'No'** for "Did the accident result in death of platform worker".
- Fill in all the other mandatory fields.
- Select the hospital/clinic where the platform worker was examined or treated.

### Injury details

Did the accident result in death of the platform worker?

Yes  No

Was the platform worker hospitalised at least 24 hours?

Yes  No

Medical leave (Days)

\_\_\_\_\_

Hospital/Clinic where the platform worker was examined or treated

\_\_\_\_\_

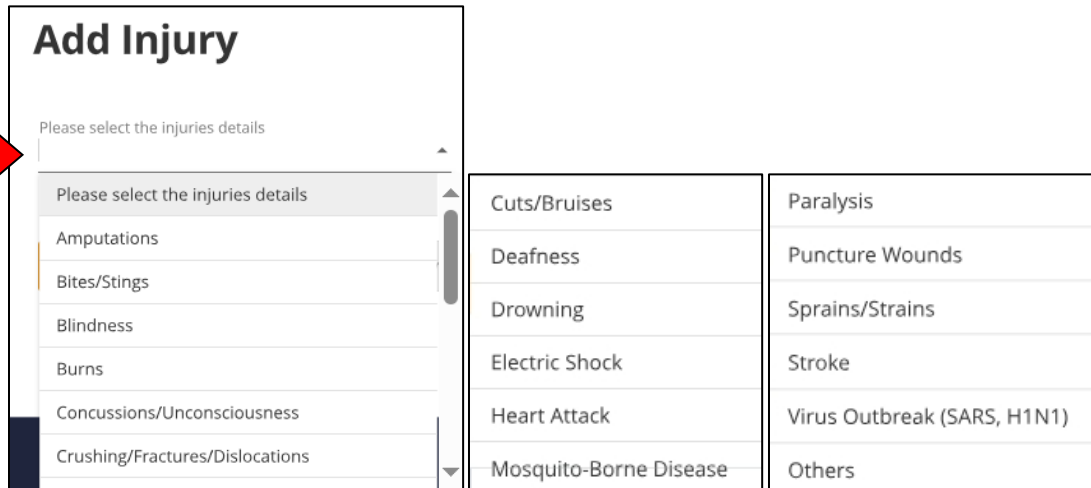
11. At the **'Nature of injury'** section,

- Click **'Add Injury'**.

### Nature of injury

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

12. At the 'Add Injury' section,
- Select the injuries details.



**Add Injury**

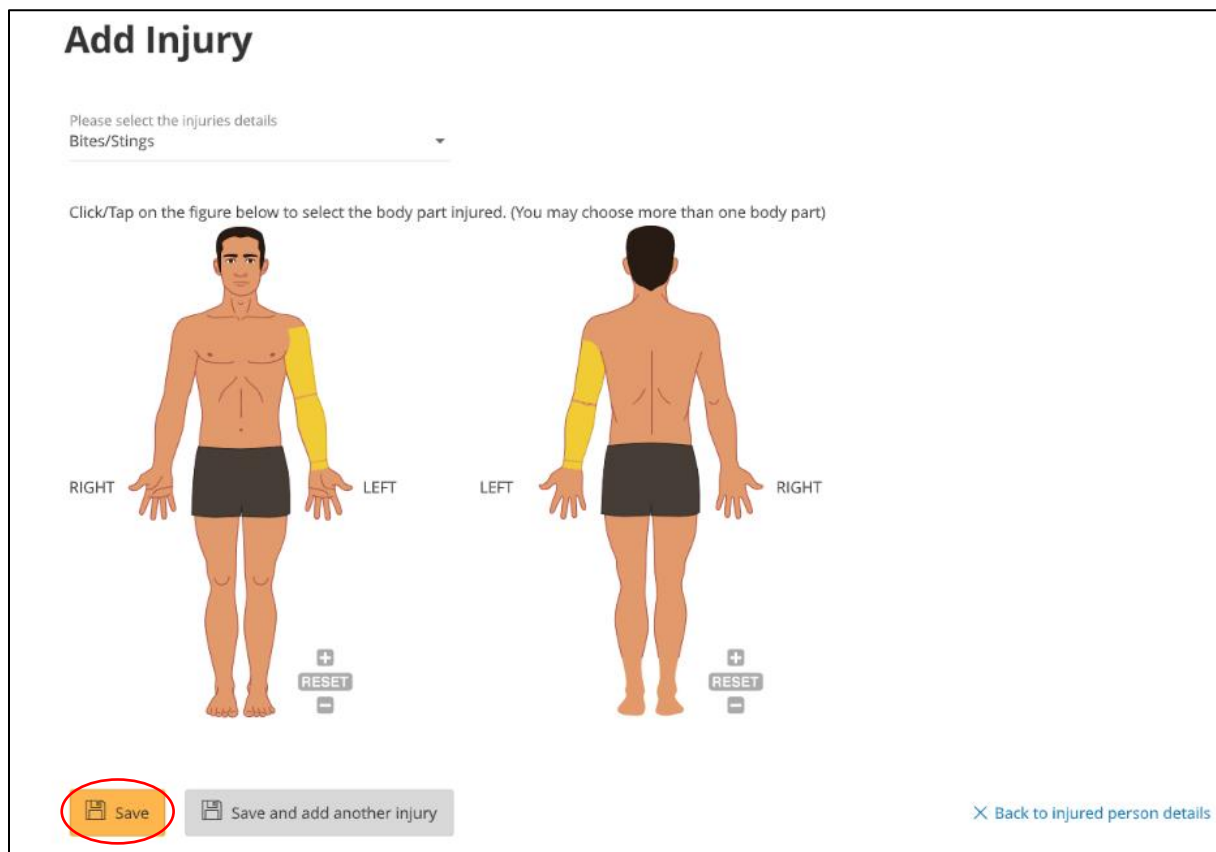
Please select the injuries details

Please select the injuries details

- Amputations
- Bites/Stings
- Blindness
- Burns
- Concussions/Unconsciousness
- Crushing/Fractures/Dislocations

|                        |                             |
|------------------------|-----------------------------|
| Cuts/Bruises           | Paralysis                   |
| Deafness               | Puncture Wounds             |
| Drowning               | Sprains/Strains             |
| Electric Shock         | Stroke                      |
| Heart Attack           | Virus Outbreak (SARS, H1N1) |
| Mosquito-Borne Disease | Others                      |

- Click on the body parts based on the injured area.
- Once done, click 'Save'.
- Click 'Back to injured person details' to exit without saving.



**Add Injury**

Please select the injuries details  
Bites/Stings

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

RIGHT LEFT LEFT RIGHT

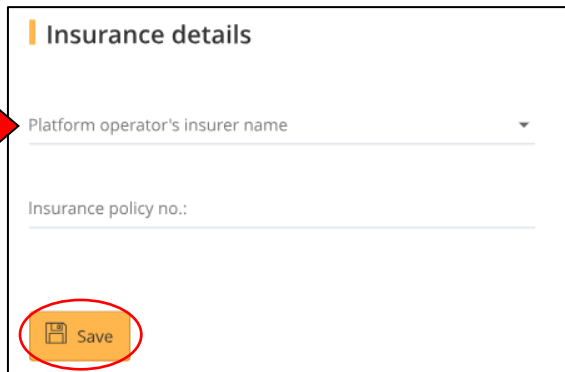
RESET RESET

**Save** Save and add another injury

Back to injured person details

13. At the **'Insurance details'** section,

- Select the insurer name, fill in the insurance policy no.
- Once done, click **'Save'**.



**Insurance details**

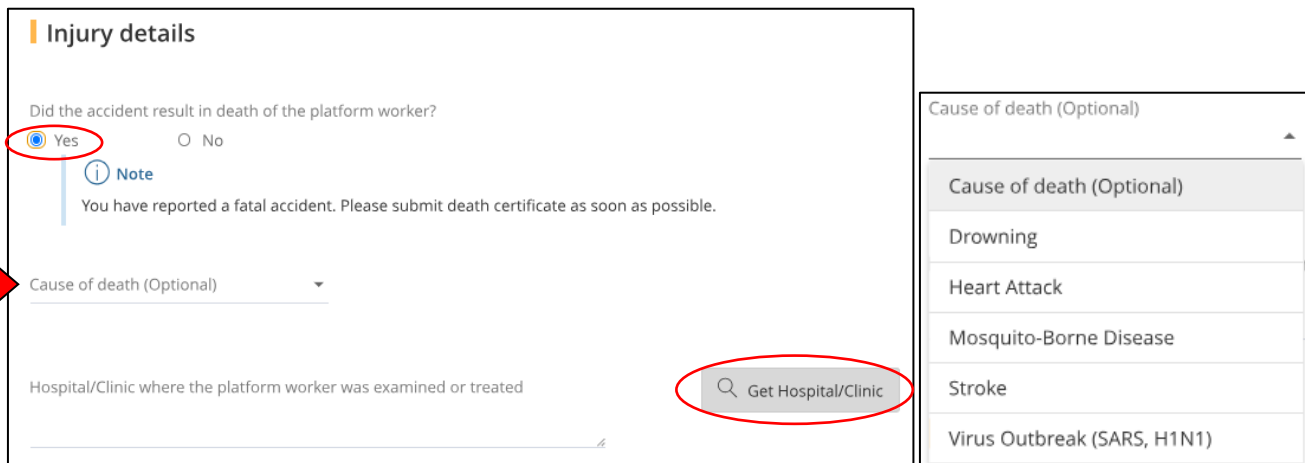
Platform operator's insurer name

Insurance policy no.:

Save

14. Steps for **fatal accident** involving the injured person.

- At the **'Injury details'** section.
- Select **'Yes'** for "Did the accident result in death of platform worker".
- For the **'Cause of death (Optional)'**, this is based on the accident description in the death certificate. Leave the field blank if the option is not applicable.
- Select the hospital/clinic where the platform worker was examined or treated.



**Injury details**

Did the accident result in death of the platform worker?

Yes  No

Note

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

Cause of death (Optional)

Hospital/Clinic where the platform worker was examined or treated

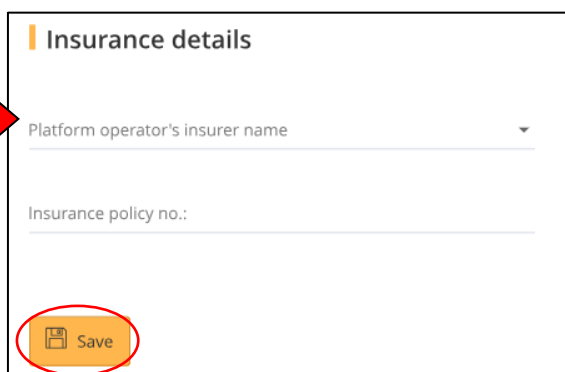
Get Hospital/Clinic

Cause of death (Optional)

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

15. At the **'Insurance details'** section,

- Select the insurer name, fill in the insurance policy no.
- Once done, click **'Save'**.



**Insurance details**

Platform operator's insurer name

Insurance policy no.:

Save

- After saving is complete,
- Click **'Continue'** to save your injured person's information.

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

### Injured person

| NAME      | NRIC      | PROFILE         | TYPE      | ACTION          |
|-----------|-----------|-----------------|-----------|-----------------|
| SARAH TAN | 907121000 | Platform Worker | Non-Fatal | Select action ▾ |

Continue > X Cancel

16. At the **'Accident details'** page,

## Create report

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

### Accident details

When did the accident happen?  
 09/09/2024 📅  
 dd/mm/yyyy

Hour: 01 Minute: 00 AM/PM: PM

Please select the Platform service(s) that the platform worker was performing: ▾

Which stage did the accident happen? ▾

Are you aware if the platform worker was also performing jobs for other platform operator(s) when the accident happened?  
 Yes  No

Are you aware if the platform worker was also performing Employee jobs/duties when the accident happened?  
 Yes  No

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 platform worker 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



17. Select the platform service(s) that the platform worker was performing.

Please select the Platform service(s) that the platform worker was performing:

- Please Select
- Ride-hail of passenger(s)
- Delivery of good(s)/food
- Both ride-hail of passenger(s) and delivery of good(s)/food

18. Select at which stage the accident happened.

Which stage did the accident happen?

- Please Select
- Stage 1: Pick-up passenger/good(s)
- Stage 2: Drop-off passenger/good(s)
- Stage 1 & Stage 2: Pick-up & drop-off passenger/good(s)

19. If the injured person worked for multiple platform operator(s) when the accident happened,

- Select **'Yes' and search for the organisation's name.**
- If unapplicable, select **'No'**.

Are you aware if the platform worker was also performing jobs for other platform operator(s) when the accident happened?

Yes       No

Provide name(s) of other platform operator(s):

20. If the injured person was performing both employee duties and platform service(s),

- Select **'Yes' and inform the injured person to ask their employer to submit the Incident Report.**
- If unapplicable, select **'No'**.

Are you aware if the platform worker was also performing Employee jobs/duties when the accident happened?

Yes       No

**Note**  
Please inform the injured person to ask the employer to submit the Incident Report.

21. Workplace name and full addresses **are required** if the accident happened at another organisation's premise or at a public place or road.

Where did the accident happen?

Where did the accident happen?

At premises under management or control of employer's

At another organisation's premise

In a public place or road

22. Refer to [Page 15](#) for the lists of 'How did the accident happen'.

23. Refer to [Page 21](#) for the lists of 'What objects or environment led to the accident'.

How did the accident happen?

What objects or environments lead to the accident?

24. **Please specify the full accident description** that led to the accident.

- **Do not** indicate 'NA' only.
- **Do not** indicate 'Refer to attachment' only. (e.g. Police report, Company investigates report or etc.)
- Click 'Continue' once done.

Describe the events leading to the accident

- the name and type of machinery or substance involved
- what the platform worker 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

**Note:** Click 'Save as draft' if you're unable to complete the report and you may retrieve the draft for amendments within 30 days from the date of the incident report was created. Otherwise after 30 days, the draft will automatically be deleted from the system.

Please note that once submitted, you can only amend certain fields in the iReport within 30 days. Those fields with boxes greyed-out are not amendable. Therefore, please ensure all details are accurate before clicking 'Submit'.

25. At **'Organisation contact details'** page,

- Select the no. of platform workers.
- Fill in the contact person's Email address and Contact no.
- Click **'Continue'** once done.

**Organisation contact details**

Organisation UEN  
Organisation name  
Mailing address

No. of platform workers:  
 1 - 10  
 11 - 50  
 51 - 100  
 101 - 200  
 201 & above

**Contact person**

NRIC  
Name  
Email address  
Contact no.

< Back   Continue >   [Cancel](#)

26. At **'Preview and Declare'** page,

- Please scroll down and check that all information is filled in correctly before clicking submit.

**Create report**

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

**Preview & declare**   [Print](#)

Report reference no.:  
Report type:   **Work-related accident**  
Submitted by:   **Platform Operator**

- Click **'Edit'** if you wish to amend a certain field in the report.

### Injured person [Edit](#)

| NAME      | NRIC      | PROFILE         | TYPE      | ACTION               |
|-----------|-----------|-----------------|-----------|----------------------|
| SARAH TAN | 997121409 | Platform Worker | Non-Fatal | <a href="#">Edit</a> |

**i** 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?

The Platform service(s) that the platform worker was performing: **Ride-hail of passenger(s)**

Which stage did the accident happen? **Stage 2: Drop-off passenger/good(s)**

Are you aware if the platform worker was also performing jobs for other platform operator(s) when the accident happened? **NO**

Are you aware if the platform worker was also performing Employee jobs/duties when the accident happened? **NO**

Where did the accident happen? **At another organisation's premises**

Address or location where the accident happened:

How did the accident happen? **Traffic Accidents**

What mode of transport was the platform worker taking at the time of the accident? **Bicycles, on foot**

Where was the platform worker travelling from?

Where was the platform worker travelling to?

Did the platform worker make any detour to other location(s)? **No**

What objects or environment led to the accident? **Others/Motor vehicles (e.g. lorries, prime movers)**

Describe the events leading to the accident:

### Organisation contact details [Edit](#)

Organisation UEN:

Organisation name:

Mailing address:

No. of platform workers: **201 & above**

NRIC:

Name:

Email address:


Contact no.:

- Click **'Select a file from your computer'** if you wish to upload any of the documents listed (where applicable).

### 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 and under 3MB in size.

#### Supporting documents

| DOCUMENT                      | DOCUMENT TITLE | UPLOAD INFO | ACTION |
|-------------------------------|----------------|-------------|--------|
| No supporting documents found |                |             |        |

27. **Tick the box** after reading all the declarations.

- Click **'Submit'**.
- 

### 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 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.

i 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.

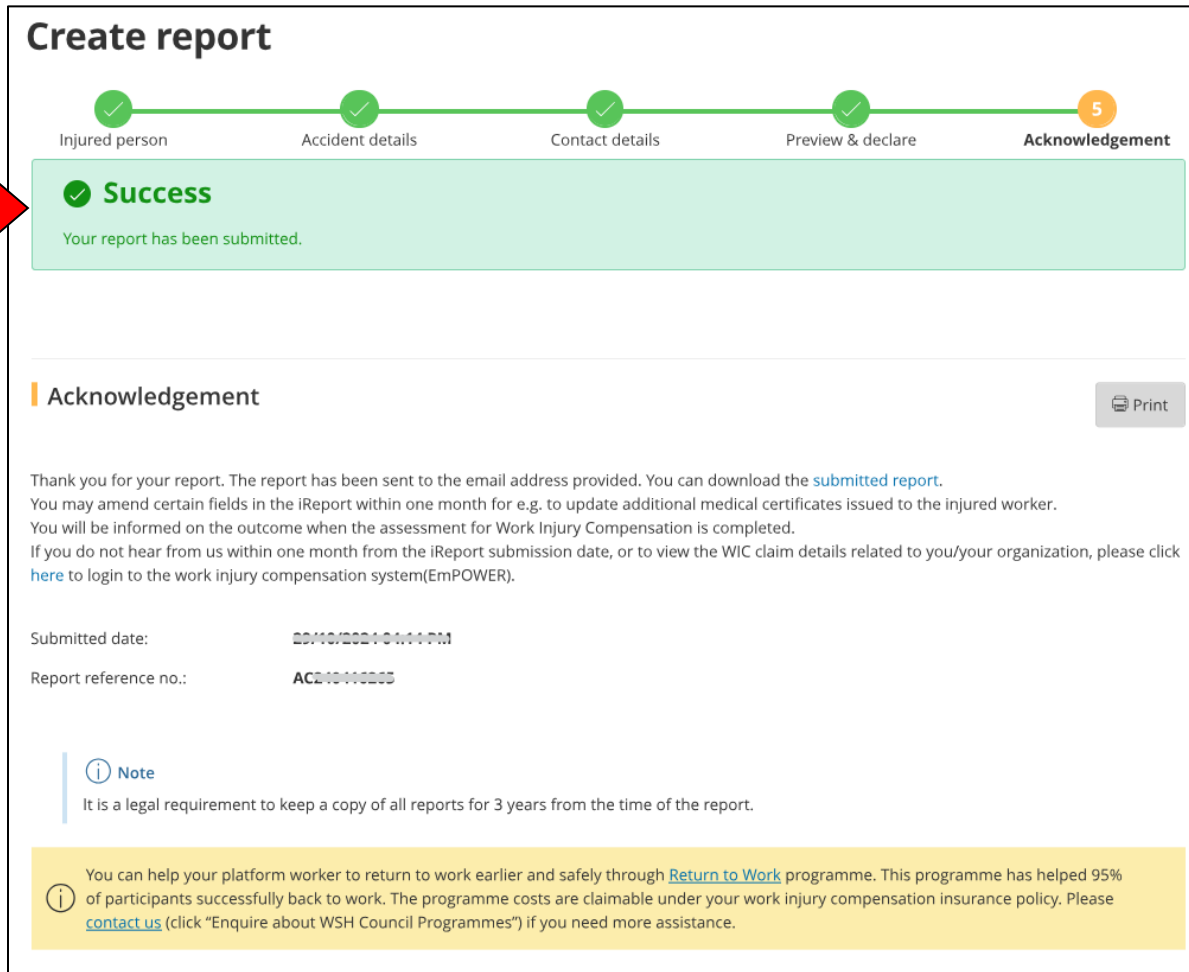
< Back
Submit >
 Save as draft
× Cancel

**Note:** Click **'Save as draft'** if you're unable to complete the report and you may retrieve the draft for amendments within 30 days from the date of the incident report was created. Otherwise after 30 days, the draft will automatically be deleted from the system.

Please note that once submitted, you can only amend certain fields in the iReport within 30 days. Those fields with boxes greyed-out are not amendable. Therefore, please ensure all details are accurate before clicking 'Submit'.

28. At 'Acknowledgement' page,

- Check if the report has been successfully submitted.



**Create report**

Injured person    Accident details    Contact details    Preview & declare    **Acknowledgement** 5

**Success**  
Your report has been submitted.

**Acknowledgement** Print

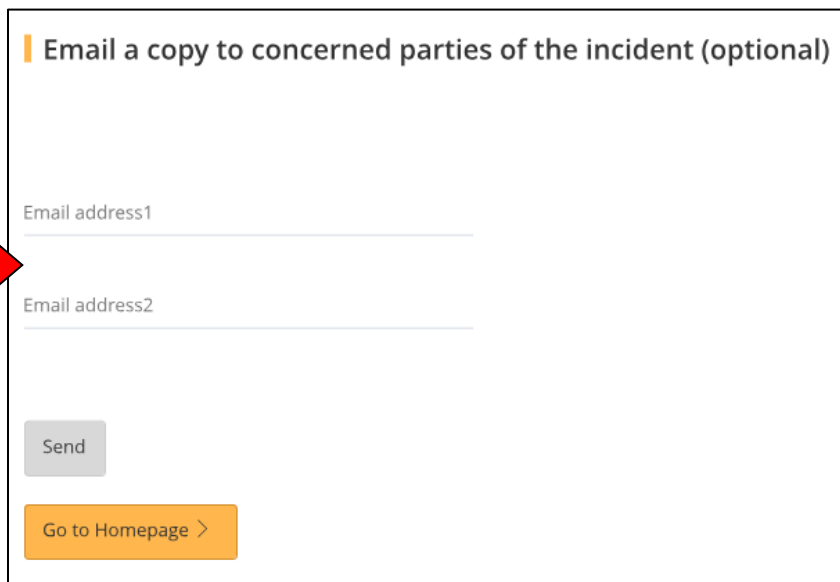
Thank you for your report. The report has been sent to the email address provided. You can download the [submitted report](#). You may amend certain fields in the iReport within one month for e.g. to update additional medical certificates issued to the injured worker. You will be informed on the outcome 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: 20/10/2021 04:14 PM  
Report reference no.: AC21010205

**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 platform worker 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.

29. **Optional:** Scroll down the page and fill up to 2 email addresses to receive a copy of the incident report details.



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

Email address1

Email address2

Send

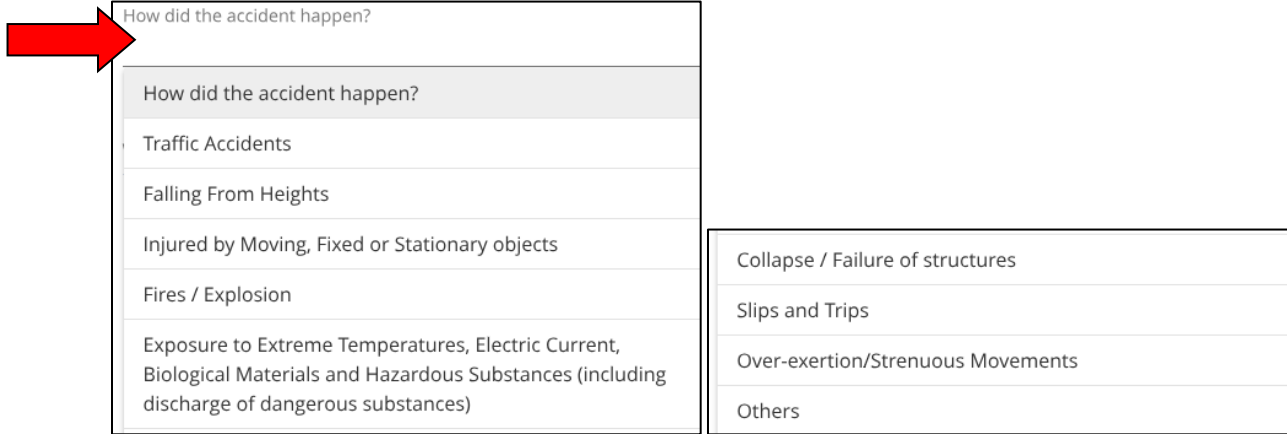
Go to Homepage >

## ‘How did the accident happen’ &

## ‘What objects or environment lead to the accident’ list

30. These are the types of events which resulted in the injury of a victim.

- **Select the most appropriate accident type** from the dropdown list.
- **Please specify clearly** if selected ‘Others’.



How did the accident happen?

How did the accident happen?

Traffic Accidents

Falling From Heights

Injured by Moving, Fixed or Stationary objects

Fires / Explosion

Exposure to Extreme Temperatures, Electric Current, Biological Materials and Hazardous Substances (including discharge of dangerous substances)

Collapse / Failure of structures

Slips and Trips

Over-exertion/Strenuous Movements

Others

31. For ‘Traffic Accidents’, select the mode of transport that the platform worker took.

- Refer to scenarios table in [Page 20](#).

What mode of transport was the platform worker taking at the time of the accident?

Please Select

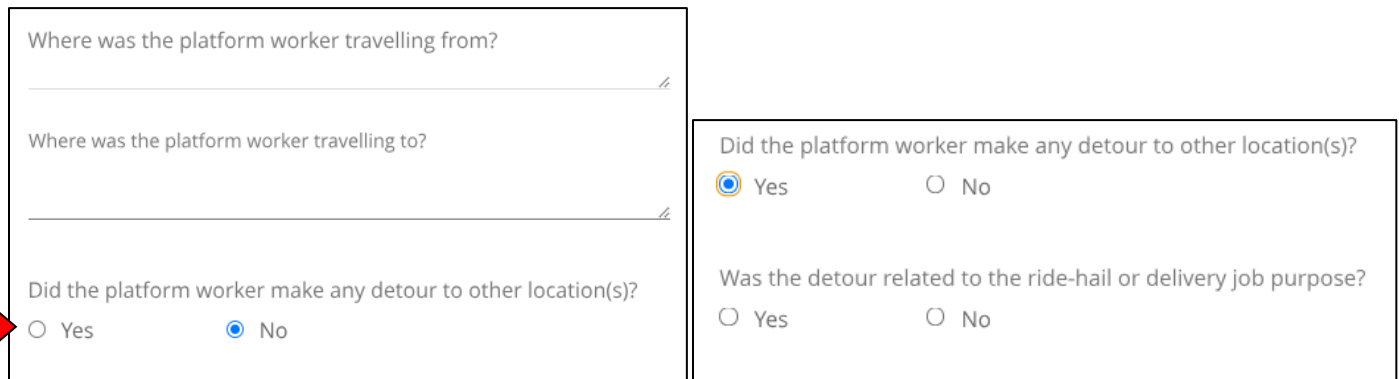
Cars, Vans, Lorries, Trucks

Motorcycles, Power-assisted Bicycles, Motorised Personal Mobility Devices

Bicycles, on foot

Public transport

- Fill in the details as to where the platform worker travelled and if there was a detour.



Where was the platform worker travelling from?

Where was the platform worker travelling to?

Did the platform worker make any detour to other location(s)?

Yes  No

Did the platform worker make any detour to other location(s)?

Yes  No

Was the detour related to the ride-hail or delivery job purpose?

Yes  No

- Select the objects or environments that led to the accident. (Refer to the full list in [Page 21](#)).

|                                                    |
|----------------------------------------------------|
| What objects or environments lead to the accident? |
| Lifting Equipment including cranes                 |
| Forklift, Excavators and other industrial trucks   |
| Pressurised Equipment                              |
| Industrial Hand tools                              |
| Industrial Machines                                |
| Means of Access                                    |
| Other Physical Workplace                           |
| Others                                             |

- Explain in detail the events leading to the accident.

Describe the events leading to the accident

- the name and type of machinery or substance involved
- what the platform worker was doing at the time of the accident
- name of supervisor or witnesses

Please specify

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### 32. Types of 'Falling from Heights',

- For 'Other Locations', please select the objects/environments that led to the accident.

|                                                                                                   |
|---------------------------------------------------------------------------------------------------|
| 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)                         |



|                                                    |                          |
|----------------------------------------------------|--------------------------|
| What objects or environments lead to the accident? |                          |
| Lifting Equipment including cranes                 |                          |
| Forklift, Excavators and other industrial trucks   |                          |
| Pressurised Equipment                              |                          |
| Industrial Hand tools                              |                          |
| Industrial Machines                                | Other Physical Workplace |
| Means of Access                                    | Others                   |

33. For types of **'Injured by Moving, Fixed or Stationary objects'**, please select the objects/environments that led to the accident.

|                                                                                                      |  |
|------------------------------------------------------------------------------------------------------|--|
| 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)                         |  |

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| What objects or environments lead to the accident? |                          |
| Lifting Equipment including cranes                 |                          |
| Forklift, Excavators and other industrial trucks   |                          |
| Pressurised Equipment                              |                          |
| Industrial Hand tools                              |                          |
| Industrial Machines                                | Other Physical Workplace |
| Means of Access                                    | Others                   |

34. For types of **'Fires/ Explosion'**, please select the objects/environments that lead to the accident.

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| What objects or environments lead to the accident? |                          |
| Lifting Equipment including cranes                 |                          |
| Forklift, Excavators and other industrial trucks   |                          |
| Pressurised Equipment                              |                          |
| Industrial Hand tools                              |                          |
| Industrial Machines                                | Other Physical Workplace |
| Means of Access                                    | Others                   |

35. Types of ‘**Exposure to Extreme Temperatures, Electric Current, Biological Materials and Hazardous Substances (including discharge of dangerous substances)**’.

- Please select the objects/environments that lead to the accident.

|                                                                                                        |                          |
|--------------------------------------------------------------------------------------------------------|--------------------------|
| 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                                                                      |                          |
| What objects or environments lead to the accident?                                                     |                          |
| Lifting Equipment including cranes                                                                     |                          |
| Forklift, Excavators and other industrial trucks                                                       |                          |
| Pressurised Equipment                                                                                  |                          |
| Industrial Hand tools                                                                                  |                          |
| Industrial Machines                                                                                    | Other Physical Workplace |
| Means of Access                                                                                        | Others                   |

36. Types of ‘**Collapse/Failure of Structures**’,

- Please select the objects/environments that lead to the accident.

|                                                                     |                          |
|---------------------------------------------------------------------|--------------------------|
| 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 |                          |
| What objects or environments lead to the accident?                  |                          |
| Lifting Equipment including cranes                                  |                          |
| Forklift, Excavators and other industrial trucks                    |                          |
| Pressurised Equipment                                               |                          |
| Industrial Hand tools                                               |                          |
| Industrial Machines                                                 | Other Physical Workplace |
| Means of Access                                                     | Others                   |

37. For types of **'Slips and Trips'** and **'Over-exertion/Strenuous Movements'**,

- Please select the objects/environments that lead to the accident.

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| What objects or environments lead to the accident? |                          |
| Lifting Equipment including cranes                 |                          |
| Forklift, Excavators and other industrial trucks   |                          |
| Pressurised Equipment                              |                          |
| Industrial Hand tools                              |                          |
| Industrial Machines                                | Other Physical Workplace |
| Means of Access                                    | Others                   |

38. Types of **'Others'**,

- Please describe if selected **'Other accident types not elsewhere classified'**.

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| Suffocation/Drowning                               |                          |
| Other accident types not elsewhere classified      |                          |
| What objects or environments lead to the accident? |                          |
| Lifting Equipment including cranes                 |                          |
| Forklift, Excavators and other industrial trucks   |                          |
| Pressurised Equipment                              |                          |
| Industrial Hand tools                              |                          |
| Industrial Machines                                | Other Physical Workplace |
| Means of Access                                    | Others                   |

## Scenarios for Traffic Accidents

|                                                                                                                                      | <b>Accident Description</b>                                                                                                                                                  | <b>How did the accident happen (type):</b>                              | <b>What objects or environment led to the accident:</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Scenario 1</b><br>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 continues to move forward and hit a tree. This incident had caused his hand to be injured. | Traffic Accident                                                        | Cars, Vans, Lorries, Trucks                             |
|                                                                                                                                      | 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.                              |                                                                         |                                                         |
| <b>Scenario 2</b><br>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<br>(Not to be classified as traffic accidents) | Others - Motor Vehicles<br>(e.g. lorries, prime movers) |
| <b>Scenario 3</b><br>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<br>(Not to be classified as traffic accidents) | Others - Motor Vehicles<br>(e.g. lorries, prime movers) |

## ‘What objects or environment led to the accident’ list

### 39. List of ‘Objects or Environments lead to the accident’.

- Objects/items that lead to the accident type (related to the accident and not injury).
- Select the most appropriate accident type from the dropdown list.
- **Please specify if ‘Others’.**

|                                                    |
|----------------------------------------------------|
| What objects or environments lead to the accident? |
| Lifting Equipment including cranes                 |
| Forklift, Excavators and other industrial trucks   |
| Pressurised Equipment                              |
| Industrial Hand tools                              |
| Industrial Machines                                |
| Means of Access                                    |
| Other Physical Workplace                           |
| Others                                             |

### 40. Lifting Equipment including Cranes, please specify if ‘Others’.

|                                                                                             |
|---------------------------------------------------------------------------------------------|
| 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                                                                                      |

### 41. Forklift, Excavators and other Industrial Trucks, please specify if ‘Others’.

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

**42. Pressurised Equipment**, please specify if ‘Others’.

|                                                                                    |
|------------------------------------------------------------------------------------|
| 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                                                                             |

**43. Industrial Hand Tools:**

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

**44. Industrial Machines**, please specify if ‘Others’.

|                                                         |
|---------------------------------------------------------|
| 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                                                  |

**45. Means of Access**, please specify if ‘Others’.

|                           |
|---------------------------|
| Scaffold (Metal/Bintagor) |
| Stairs or Steps           |
| Ladders                   |
| Gangway                   |
| Mobile ramp               |
| Others                    |

**46. Other Physical Workplace:**

|                           |
|---------------------------|
| Floor/Level Surfaces      |
| Roof (including skylight) |
| Structures                |
| Form Work                 |
| Confined Space            |

**47. Others,**

- Please specify if selected 'Accident Agencies Not Elsewhere Classified'.

|                                                               |
|---------------------------------------------------------------|
| Motor vehicles (e.g. lorries, prime movers)                   |
| Furniture and Fittings (e.g. bed, cabinet, door, hatch cover) |
| Knives and Needles                                            |
| Metal Items (excluding knives/needles)                        |
| Hot scalding liquid / Steam                                   |
| Goods/Cargo                                                   |
| Dusts, Gas, Liquids and Chemicals                             |
| Accident Agencies Not Elsewhere Classified                    |

*Updated as at 02/01/2025.*