

Quick Guide on Submitting Incident Report

Getting Started

This is a guide for users to familiarize themselves with the information required before submitting the incident report on a work-related accident. Before submission, please get ready the relevant information to complete the online form. It will take about 15 minutes to complete the report. You will be required to furnish the following details:

- About you and your organisation
- About the accident (i.e. When, where and how did the accident happen?)
- About the injured person(s), if any (i.e. Particulars, Employment Details, Injury Details, Other Details)

In submitting the Incident Report on a work-related accident, you will come under one of the following categories of informants listed below.

- i. Employer Only/ Representative of employer
- ii. Occupier Only/ Representative of occupier
- iii. Victim's Legal Representative
- iv. Treating Doctor
- v. Victim's Next-of-kin
- vi. Victim

The following will describe the different reporting requirements depending on which type of informant you belong to.

You are a/ an...



Employer Only/ Representative of employer

All mandatory fields are marked by an *.

S/N	Label	Remarks
About You		
	*Your NRIC/ FIN No.	If you do not have NRIC/ FIN, you can provide Nationality and Passport No.
	*Name	
	*Contact No.	Numeric starting with 6, 8 or 9. Exactly 8 digits.
	Email Address	
	*You are the	This is a drop-down list for you to select the capacity you are reporting as an informant.
About Your Organisation		
	*Organisation Name	
	*Mailing address	
	Office No.	
	Fax No.	
	Email Address	
	*No. of employees	
About the Accident. There are three parts.		
Section 1: When did the accident happen?		
	*Date	Format in DD/ MM/ YYYY.
	*Time	Time is in 12 hour format.
Section 2: Where did the accident happen?		
*The accident happened at:		
	At someone else's premises	For this option, you will need to provide information on i. Workplace; ii. Address or details where the accident happened.
	At premises under the management / control of your organisation	If you check this option, you will be asked whether you are also the occupier of the premises where the accident happened. Definition of Occupier In workplaces registered as a factory The occupier is the person who is the holder of the certificate of registration or factory permit In all other workplaces The occupier is the person who has control of the premises regardless of whether he is the owner of those premises
	In a public place/ road	For this option, you will need to provide information on Address or details where the accident happened.
	Onboard a Singapore-registered ship/ vessel or any ship/ vessel in Singapore waters	For this option, you will need to provide information on Address or details where the accident happened.
Section 3: How did the accident happen?		
	*Was any person, including your employee, injured in the accident?	Any person is considered "injured" under the following scenarios: Physical injuries e.g. fractures, cuts, burns, electrocution, muscle strains etc Death , or Incidents or medical nature e.g. heart attack, stroke, asthma

	*About the type of accident	A drop down list from which the relevant accident type could be selected.
	*About the type of equipment or agencies that led to the accident	See Above.
	*Describe what happen	Please have ready the following on the incident details: <ul style="list-style-type: none"> • 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.
About the Injured Person: This is broken down into 4 parts		
Section 1: Particulars of the Injured Person		
	*NRIC/ FIN/ Passport	
	*Name	
	* Nationality	
	* Date of Birth	
	* Gender	
	* Race	
	*Mailing address	
	Contact No.	
Section 2: Employment details of the Injured Person		
	*Occupation	
	*Start Date of Employment	
	*Average Monthly Earnings	Under WICA, AME includes wages, allowances, overtime payments, bonuses or annual wage supplement but does not include travelling allowances, employer's CPF contributions or pensions or monies paid to cover any special expenses.
	*Percentage of manual work performed by the injured person	Check either one of the two options listed below <ul style="list-style-type: none"> • Equal or greater than 50%; • Less than 50%.
Section 3: Injury Details		
	*Did the accident result in <u>death</u> of the injured person?	Select either option: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No (If 'No' is selected, you will be required to indicate the <ul style="list-style-type: none"> i. Nature of injury (drop-down list); ii. Associated body part(s) injured.
Section 4: Other details		
	*Was the injured person hospitalised for more than 24 hours	This question applies only if you select 'No' to the question in Section 3. Select either option: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
	*No. of days of medical leave	This question applies only if you select 'No' to the question in Section 3.
	Date of 4 th day of Medical leave	Format in DD/ MM/ YYYY. This question applies if the number of days of medical leave entered is 4 or more.

	*Reason of late reporting	A drop down list from which the applicable option may be selected. You are required to provide the reason if your incident report was submitted past the mandatory 10 days timeline from the 4 th day of medical leave.
	*Hospital/ Clinic where the injured person was examined or treated	
	*What time did the injured person start work on the day of the accident?	(hh:mm) <input type="radio"/> AM <input type="radio"/> PM Time is in 12 hour format.
	*Was the injured person working overtime when the accident happened?	Select either option: <input type="radio"/> Yes <input type="radio"/> No
	*Was the person injured while performing official work duties?	Select either option: <input type="radio"/> Yes <input type="radio"/> No
	Please provide details for the <u>employer's</u> Work Injury Compensation Insurance policy (if any)	
	a. *Name of insurer	Select insurer from drop-down list.
	b. *Insurance Policy No.	

You are a/ an...



Occupier Only / Representative of occupier

All mandatory fields are marked by an *.

S/N	Label	Remarks
About You		
	*Your NRIC/ FIN No.	If you do not have NRIC/ FIN, you can provide Nationality and Passport No.
	*Name	
	*Contact No.	Numeric starting with 6, 8 or 9. Exactly 8 digits.
	Email Address	
	*You are the	This is a drop-down list for you to select the capacity you are reporting as an informant.
About Your Organisation		
	*Organisation Name	
	*Mailing address	
	Office No.	
	Fax No.	
	Email Address	
About the Accident. There are three parts.		
Section 1: When did the accident happen?		
	*Date	Format in DD/ MM/ YYYY.
	*Time	Time is in 12 hour format.
Section 2: Where did the accident happen?		
*The accident happened at:		
	At premises under the management / control of your organisation	For this option, you will need to provide information on i. Workplace; ii. Address or details where the accident happened.
	In a public place/ road	For this option, you will need to provide information on Address or details where the accident happened.
	Onboard a Singapore-registered ship/ vessel or any ship/ vessel in Singapore waters	For this option, you will need to provide information on Address or details where the accident happened.
Section 3: How did the accident happen?		
	* Any person injured in the accident?	Any person is considered “injured” under the following scenarios: Physical injuries e.g. fractures, cuts, burns, electrocution, muscle strains etc Death , or Incidents or medical nature e.g. heart attack, stroke, asthma
	*About the type of accident	A drop down list from which the relevant accident type could be selected.
	*About the type of equipment or agencies that led to the accident	See Above.

	*Describe what happen	Please have ready the following on the incident details: <ul style="list-style-type: none"> • 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.
About the Injured Person: This is broken down into 4 parts		
Section 1: Particulars of the Injured Person		
	*Is the injured person	Select one of the four options provided: <ul style="list-style-type: none"> i. Employee of other company; ii. Self-employed; iii. Members of public; iv. A trainee or student.
	*NRIC/ FIN/ Passport	
	*Name	
	* Nationality	This is mandatory if injured person is either "Employee of other company" or/ "Self-employed".
	* Date of Birth	This is mandatory if injured person is either "Employee of other company" or/ "Self-employed". Format in DD/ MM/ YYYY.
	* Gender	This is mandatory if injured person is either "Employee of other company" or/ "Self-employed".
	*Race	This is mandatory if injured person is either "Employee of other company" or/ "Self-employed".
	Mailing address	
	Contact No.	
Section 2: Employment details of the Injured Person		
	*Occupation	
	Average Monthly Earnings	Under WICA, AME includes wages, allowances, overtime payments, bonuses or annual wage supplement but does not include travelling allowances, employer's CPF contributions or pensions or monies paid to cover any special expenses.
	Percentage of manual work performed by the injured person	Check either one of the two options listed below <ul style="list-style-type: none"> • Equal or greater than 50%; • Less than 50%.
Section 3: Injury Details		
	*Did the accident result in <u>death</u> of the injured person?	Select either option: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No (If 'No' is selected, you will be required to indicate the <ul style="list-style-type: none"> i. Nature of injury (drop-down list) ii. Associated body part(s) injured
Section 4: Other details		
	*Was the injured person hospitalised for more than 24 hours	This question applies only if you select 'No' to the question in Section 3. Select either option: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
	*No. of days of medical leave	This question applies only if you select 'No' to the question in Section 3.
	*Hospital/ Clinic where the	

	injured person was examined or treated:	
	Please provide details for the <u>employer's</u> Work Injury Compensation Insurance policy (if any)	
	a. Name of insurer	Select insurer from drop-down list.
	d. Insurance Policy No.	

You are a/ an...



Victim's Legal Representative

All mandatory fields are marked by an *.

S/N	Label	Remarks
About You		
	*Your NRIC/ FIN No.	If you do not have NRIC/ FIN, you can provide Nationality and Passport No.
	*Name	
	*Contact No.	Numeric starting with 6, 8 or 9. Exactly 8 digits.
	Email Address	
	*You are the	This is a drop-down list for you to select the capacity you are reporting as an informant.
About Your Organisation		
	*Organisation Name	
	*Mailing address	
	Office No.	
	Fax No.	
	Email Address	
About the Accident. There are three parts.		
Section 1: When did the accident happen?		
	*Date	Format in DD/ MM/ YYYY.
	*Time	Time is in 12 hour format.
Section 2: Where did the accident happen?		
*The accident happened at:		
	At premises belonging to the employer	For this option, you will need to provide information on i. Workplace; ii. Address or details where the accident happened.
	At another organisation's premise	For this option, you will need to provide information on i. Workplace; ii. Address or details where the accident happened.
	In a public place/ road	For this option, you will need to provide information on Address or details where the accident happened.
	Onboard a Singapore-registered ship/ vessel or any ship/ vessel in Singapore waters	For this option, you will need to provide information on Address or details where the accident happened.
Section 3: How did the accident happen?		
	*Describe what happen	Please have ready the following on the incident details: <ul style="list-style-type: none">• 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.

About the Injured Person: This is broken down into 4 parts		
Section 1: Particulars of the Injured Person		
	*NRIC/ FIN/ Passport	
	*Name	
	* Nationality	
	* Date of Birth	
	* Gender	
	*Race	
	*Mailing address	
	*Contact No.	
Section 2: Employment details of the Injured Person		
	* Employer's Organisation Name	
	* Employer's Mailing Address	
	*Occupation	
Section 3: Injury Details		
	*Did the accident result in <u>death</u> of the injured person?	Select either option: <input type="radio"/> Yes <input type="radio"/> No (If 'No' is selected, you will be required to indicate the i. Nature of injury (drop-down list); ii. Associated body part(s) injured.
Section 4: Other details		
	*Was the injured person hospitalised for more than 24 hours	This question applies only if you select 'No' to the question in Section 3. Select either option: <input type="radio"/> Yes <input type="radio"/> No
	*No. of days of medical leave	This question applies only if you select 'No' to the question in Section 3.
	*Hospital/ Clinic where the injured person was examined or treated	
	* Would you like to provide any witness information?	Select either option: <input type="radio"/> Yes <input type="radio"/> No
Particulars of the Witness		
	NRIC/ FIN/ Passport	
	*Name	
	Contact No.	
	Email Address	
Employment Details of the Witness		
	Employer's Organisation Name	
	Mailing Address	

You are a/ an...



Treating Doctor

All mandatory fields are marked by an *.

S/N	Label	Remarks
About You		
	*Your NRIC/ FIN No.	If you do not have NRIC/ FIN, you can provide Nationality and Passport No.
	*Name	
	*Contact No.	Numeric starting with 6, 8 or 9. Exactly 8 digits.
	Email Address	
	*You are the	This is a drop-down list for you to select the capacity you are reporting as an informant.
About Your Organisation		
	*Organisation Name	
	*Mailing address	
	Office No.	
	Fax No.	
	Email Address	
About the Accident. There are two parts.		
Section 1: When did the accident happen?		
	*Date	Format in DD/ MM/ YYYY.
	*Time	Time is in 12 hour format.
Section 2: How did the accident happen?		
	* Any person injured in the accident?	Any person is considered “ injured” under the following scenarios: Physical injuries e.g. fractures, cuts, burns, electrocution, muscle strains etc Death , or Incidents or medical nature e.g. heart attack, stroke, asthma
	*About the type of accident	A drop down list from which the relevant accident type could be selected.
	*About the type of equipment or agencies that led to the accident	See Above.
	*Describe what happen	Please have ready the following on the incident details: <ul style="list-style-type: none">• 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.
About the Injured Person: This is broken down into 4 parts		
Section 1: Particulars of the Injured Person		
	*NRIC/ FIN/ Passport	
	*Name	
	*Nationality	
	*Date of Birth	

	*Gender	
	*Race	
	Mailing address	
	Contact No.	
Section 2: Employment details of the Injured Person		
	*Occupation	
Section 3: Injury Details		
	*Did the accident result in <u>death</u> of the injured person?	<p>Select either option:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>(If 'No' is selected, you will be required to indicate the</p> <p>i. Nature of injury (drop-down list);</p> <p>ii. Associated body part(s) injured.</p>
Section 4: Other details		
	*Was the injured person hospitalised for more than 24 hours	<p>This question applies only if you select 'No' to the question in Section 3.</p> <p>Select either option:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
	*No. of days of medical leave	<p>This question applies only if you select 'No' to the question in Section 3.</p>

You are a/ an...



Victim's Next-of-kin

- All mandatory fields are marked by an *.

S/N	Label	Remarks
About You		
	*Your NRIC/ FIN No.	If you do not have NRIC/ FIN, you can provide Nationality and Passport No.
	*Name	
	*Contact No.	Numeric starting with 6, 8 or 9. Exactly 8 digits.
	Email Address	
	*You are the	This is a drop-down list for you to select the capacity you are reporting as an informant.
About the Accident. There are three parts.		
Section 1: When did the accident happen?		
	*Date	Format in DD/ MM/ YYYY.
	*Time	Time is in 12 hour format.
Section 2: Where did the accident happen?		
*The accident happened at:		
	At premises belonging to the employer	For this option, you will need to provide information on i. Workplace; ii. Address or details where the accident happened.
	At another organisation's premise	For this option, you will need to provide information on i. Workplace; ii. Address or details where the accident happened.
	In a public place/ road	For this option, you will need to provide information on Address or details where the accident happened.
	Onboard a Singapore-registered ship/ vessel or any ship/ vessel in Singapore waters	For this option, you will need to provide information on Address or details where the accident happened.
Section 3: How did the accident happen?		
	*Describe what happen	Please have ready the following on the incident details: <ul style="list-style-type: none"> • 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.
About the Injured Person: This is broken down into 4 parts		
Section 1: Particulars of the Injured Person		
	*NRIC/ FIN/ Passport	
	*Name	
	*Nationality	
	*Date of Birth	
	*Gender	
	*Race	
	*Mailing address	
	*Contact No.	

Section 2: Employment details of the Injured Person		
	* Employer's Organisation Name	
	* Employer's Mailing Address	
	*Occupation	
Section 3: Injury Details		
	*Did the accident result in <u>death</u> of the injured person?	Select either option: <input type="radio"/> Yes <input type="radio"/> No (If 'No' is selected, you will be required to indicate the i. Nature of injury (drop-down list); ii. Associated body part(s) injured.
Section 4: Other details		
	*Was the injured person hospitalised for more than 24 hours	This question applies only if you select 'No' to the question in Section 3. Select either option: <input type="radio"/> Yes <input type="radio"/> No
	*No. of days of medical leave	This question applies only if you select 'No' to the question in Section 3.
	*Hospital/ Clinic where the injured person was examined or treated:	
	* Would you like to provide any witness information?	Select either option: <input type="radio"/> Yes <input type="radio"/> No
Particulars of the Witness		
	NRIC/ FIN/ Passport	
	*Name	
	Contact No.	
	Email Address	
Employment Details of the Witness		
	Employer's Organisation Name	
	Mailing Address	

You are a/ an...



Victim

All mandatory fields are marked by an *.

S/N	Label	Remarks
About You		
	*Your NRIC/ FIN No.	If you do not have NRIC/ FIN, you can provide Nationality and Passport No.
	*Name	
	*Contact No.	Numeric starting with 6, 8 or 9. Exactly 8 digits.
	Email Address	
	*You are the	This is a drop-down list for you to select the capacity you are reporting as an informant.
About Your Organisation		
	*Organisation Name	
	*Mailing Address	
	Office No.	
	Fax No.	
	Email Address	
About the Accident. There are three parts.		
Section 1: When did the accident happen?		
	*Date	Format in DD/ MM/ YYYY.
	*Time	Time is in 12 hour format.
Section 2: Where did the accident happen?		
*The accident happened at:		
	At premises belonging to the employer	For this option, you will need to provide information on i. Workplace; ii. Address or details where the accident happened.
	At another organisation's premise	For this option, you will need to provide information on i. Workplace; ii. Address or details where the accident happened.
	In a public place/ road	For this option, you will need to provide information on Address or details where the accident happened.
	Onboard a Singapore-registered ship/ vessel or any ship/ vessel in Singapore waters	For this option, you will need to provide information on Address or details where the accident happened.
Section 3: How did the accident happen?		
	*Describe what happen	Please have ready the following on the incident details: <ul style="list-style-type: none">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.

About the Injured Person: This is broken down into 4 parts		
Section 1: Particulars of the Injured Person		
	*Nationality	
	*Date of Birth	
	*Gender	
	*Race	
	*Mailing address	
	*Contact No.	
Section 2: Employment details of the Injured Person		
	* Employer's Organisation Name	
	* Employer's Mailing Address	
	*Occupation	
Section 3: Injury Details		
	*Did the accident result in <u>death</u> of the injured person?	Select either option: <input type="radio"/> Yes <input type="radio"/> No (If 'No' is selected, you will be required to indicate the i. Nature of injury (drop-down list); ii. Associated body part(s) injured.
Section 4: Other details		
	*Was the injured person hospitalised for more than 24 hours	This question applies only if you select 'No' to the question in Section 3. Select either option: <input type="radio"/> Yes <input type="radio"/> No
	*No. of days of medical leave	This question applies only if you select 'No' to the question in Section 3.
	*Hospital/ Clinic where the injured person was examined or treated	
	* Would you like to provide any witness information?	Select either option: <input type="radio"/> Yes <input type="radio"/> No
Particulars of the Witness		
	*Name	
	Contact No.	
	Email Address	
Employment Details of the Witness		
	Employer's Organisation Name	
	Mailing Address	