# 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](https://www.mom.gov.sg/eservices/services/wsh-incident-reporting))

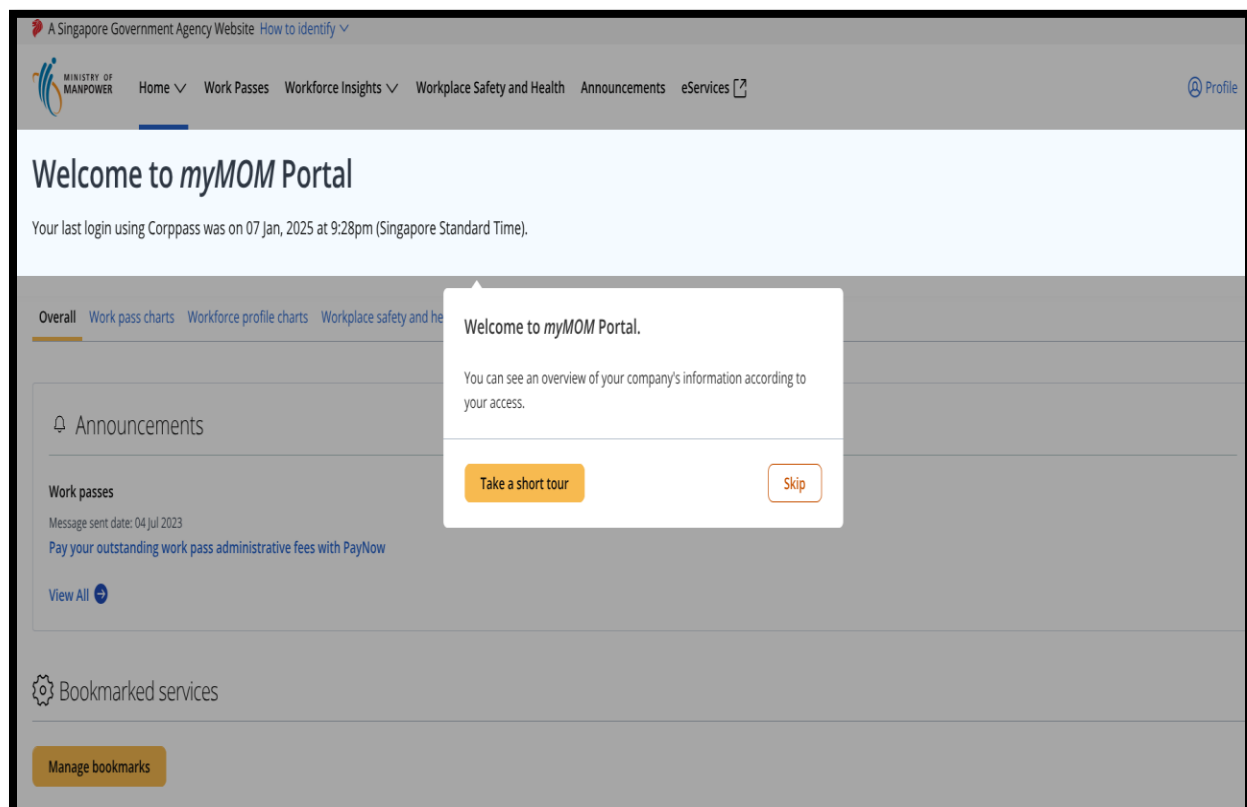2. Click "**Log in to myMOM Portal**".



3. Scan QR code with your **'Singpass app'** or **'Password login'** to login.
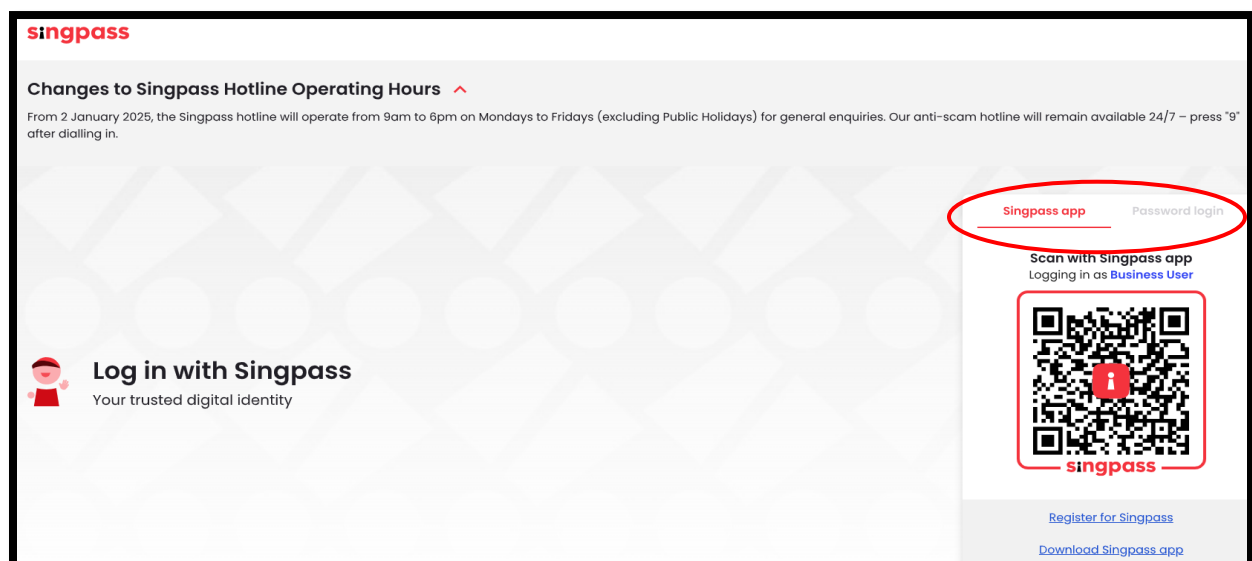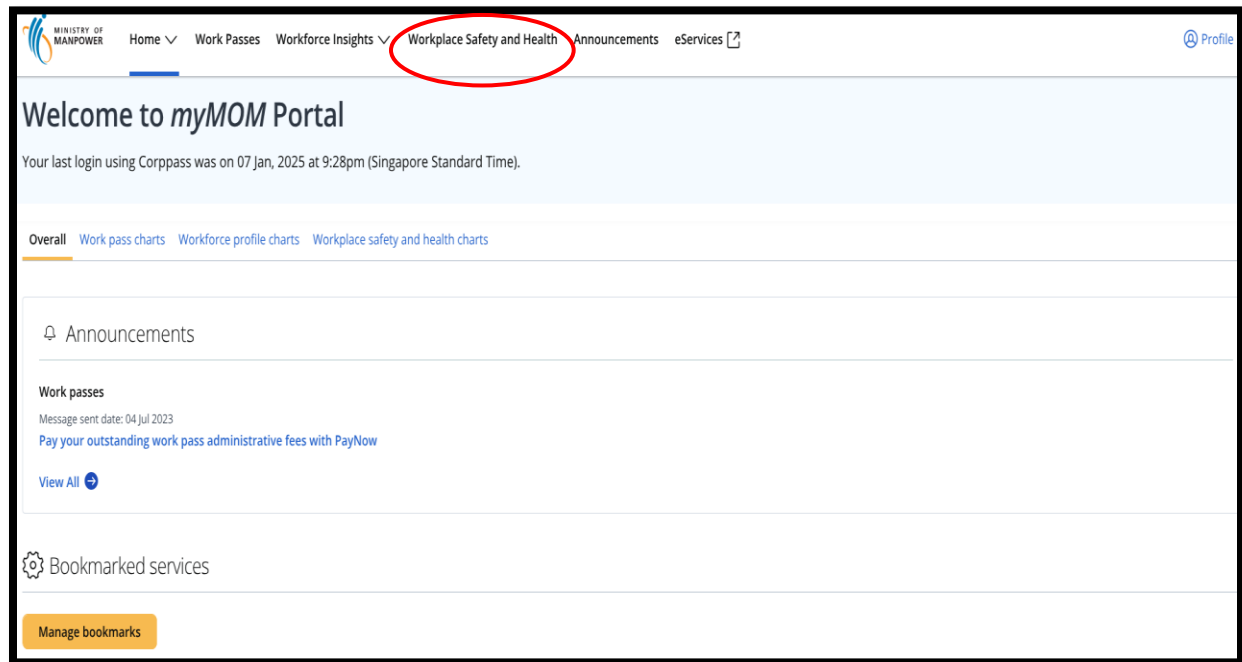
4. Select your organisation's **'UEN/Entity ID'**. This will display all UEN/Entity IDs associated with your organisation.
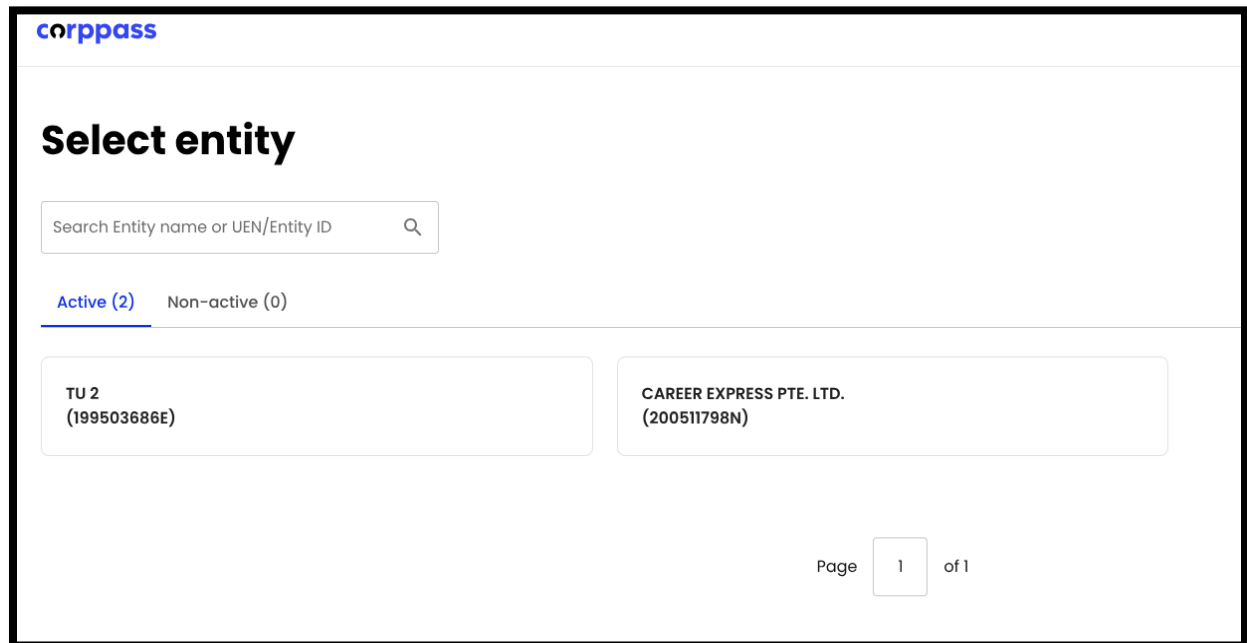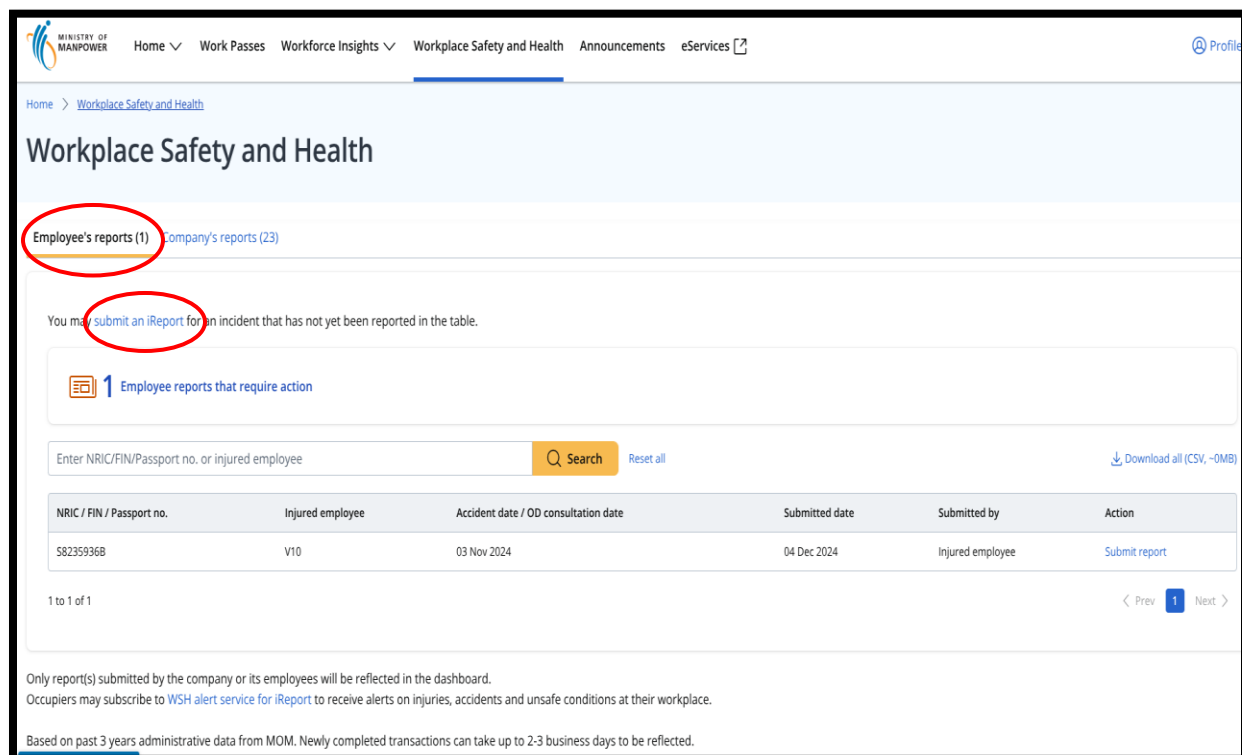


5. At the **'myMOM Portal'** page, you will see an overview of your company's information.

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



7. 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

**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

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

**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 + Supporting Documents

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 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- |
| Injured person | Accident details | Contact details | Preview & declare | 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

Retrieve    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    🔍 Get 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 00 ▾    AM/PM ▾

End time
Hour ▾    Minute 00 ▾    AM/PM ▾

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

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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.



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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".



- 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.

**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)

RIGHT                    LEFT          LEFT                    RIGHT
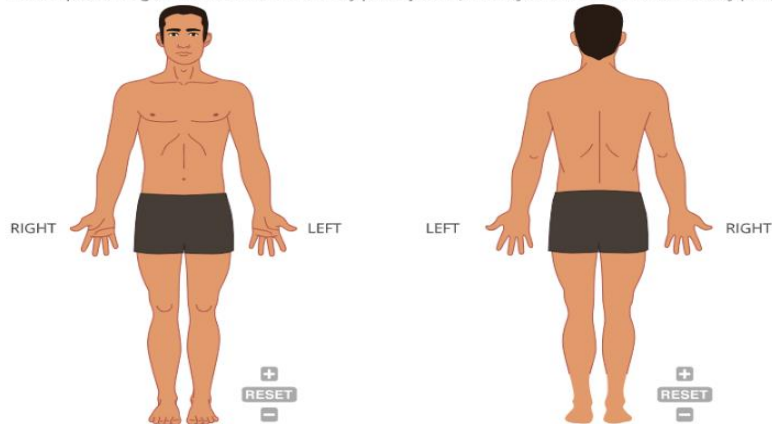
💾 Save    💾 Save and add another injury          ✕ Back to injured person details

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**Nature of injury**

⊕ Add injury

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

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- 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.

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**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          ✕ Back to injured person

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



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.

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



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.

## 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 | | | |

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



16. At '**Acknowledgement**' page,
   - Check if the report has been successfully submitted.

# 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)

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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

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**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]

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**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'.**



18a. **Lifting Equipment including Cranes**

18b. **Forklift, Excavators and other Industrial Trucks**





18c. **Pressurised Equipment**

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 :** [                    ]

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18f. **Means of Access**

Type of equipment or agencies that led to the accident :

Means of Access

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

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Type of equipment or agencies that led to the accident :
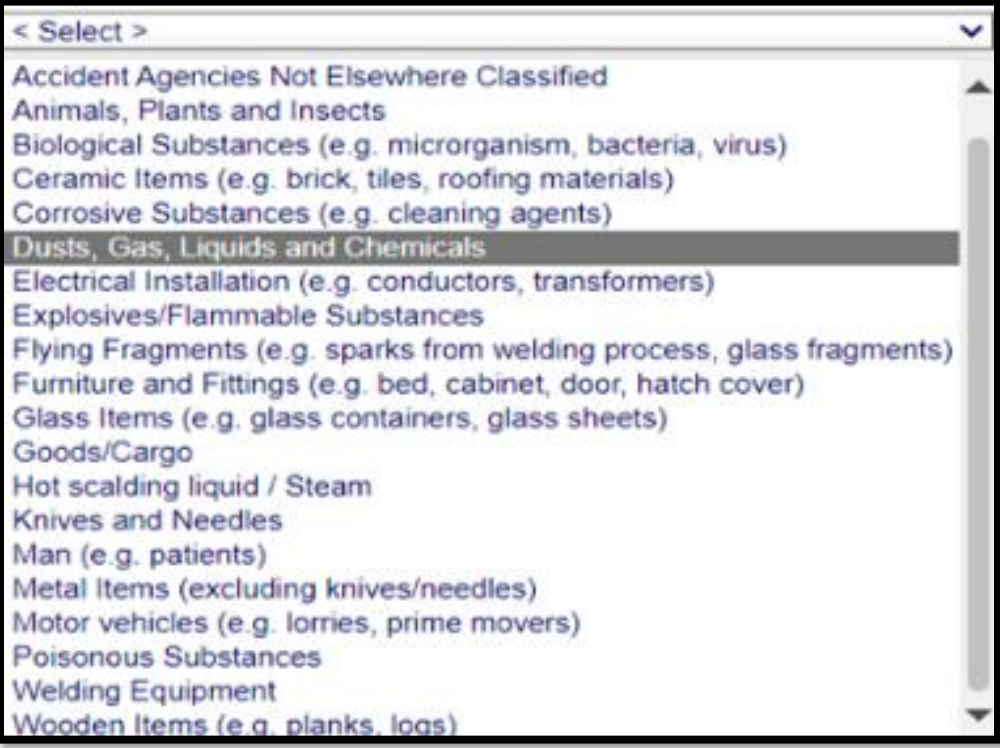
Means of Access

Others

\* **Please Specify :**

18g. **Other Physical Workplace**

Type of equipment or agencies that led to the accident :
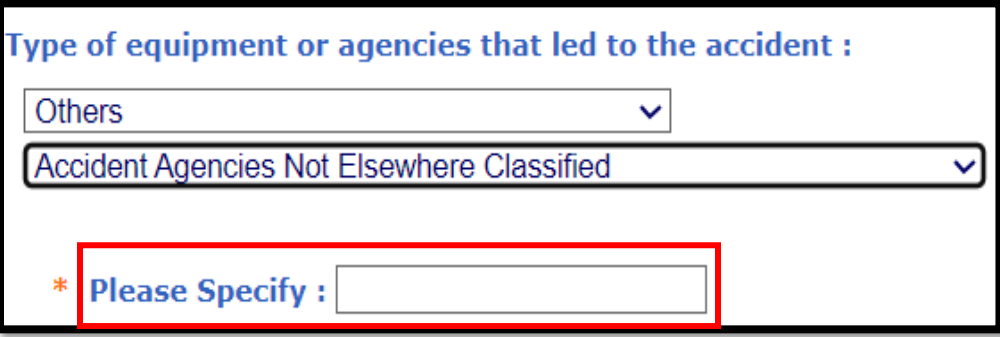
Other Physical Workplace

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

18h. **Others**



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



*Updated as at 13/01/25.*