

FOR EMPLOYER (PLATFORM WORKER) **GUIDE TO FILE WSH INCIDENT REPORT VIA myMOM PORTAL**

Note: This guide is for employers to file WSH Incident Report for employees who also were performing platform work at the time of accident.

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

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 insurer, occupier, treating doctor, injured employee, platform operator and platform worker**
Log in to WSH Incident Reporting

● Service is online
Availability
24 hours

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

singpass

Changes to Singpass Hotline Operating Hours ^

From 2 January 2025, the Singpass hotline will operate from 9am to 6pm on Mondays to Fridays (excluding Public Holidays) for general enquiries. Our anti-scam hotline will remain available 24/7 – press “9” after dialling in.

Log in with Singpass
Your trusted digital identity

Singpass app Password login

Scan with Singpass app
Logging in as **Business User**

Register for Singpass
Download Singpass app

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

corppass

Select entity

Search Entity name or UEN/Entity ID

Active (2) Non-active (0)

TU 2
(199503686E)

CAREER EXPRESS PTE. LTD.
(200511798N)

Page 1 of 1

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

A Singapore Government Agency Website [How to identify](#)

MINISTRY OF MANPOWER [Home](#) [Work Passes](#) [Workforce Insights](#) [Workplace Safety and Health](#) [Announcements](#) [eServices](#) [Profile](#)

Welcome to myMOM Portal

Your last login using Corppass was on 07 Jan, 2025 at 9:28pm (Singapore Standard Time).

Overall [Work pass charts](#) [Workforce profile charts](#) [Workplace safety and health](#)

Welcome to myMOM Portal.

You can see an overview of your company's information according to your access.

[Take a short tour](#) [Skip](#)

Announcements

Work passes

Message sent date: 04 Jul 2023

[Pay your outstanding work pass administrative fees with PayNow](#)

[View All](#)

Bookmarked services

[Manage bookmarks](#)

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

MINISTRY OF MANPOWER Home Work Passes Workforce Insights Workplace Safety and Health Announcements eServices Profile

Welcome to myMOM Portal

Your last login using Corppass was on 07 Jan, 2025 at 9:28pm (Singapore Standard Time).

Overall Work pass charts Workforce profile charts Workplace safety and health charts

Announcements

Work passes
Message sent date: 04 Jul 2023
[Pay your outstanding work pass administrative fees with PayNow](#)
[View All](#)

Bookmarked services

[Manage bookmarks](#)

7. Under **'Employee's reports'**,
- Click **'submit an iReport'** to access WSH Incident Reporting.

MINISTRY OF MANPOWER Home Work Passes Workforce Insights Workplace Safety and Health Announcements eServices Profile

Home > Workplace Safety and Health

Workplace Safety and Health

[Employee's reports \(1\)](#) [Company's reports \(23\)](#)

You may [submit an iReport](#) for an incident that has not yet been reported in the table.

1 Employee reports that require action

Enter NRIC/FIN/Passport no. or injured employee [Reset all](#) [Download all \(CSV, -0MB\)](#)

NRIC / FIN / Passport no.	Injured employee	Accident date / OD consultation date	Submitted date	Submitted by	Action
S8235936B	V10	03 Nov 2024	04 Dec 2024	Injured employee	Submit report

1 to 1 of 1 [Prev](#) [Next](#)

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 via this link: <https://form.gov.sg/657183ca07c8110012c690d6>

For more information, visit the FAQ for WSH incident reporting: <https://www.mom.gov.sg/faq/ireport>

8. Click 'Create Report' to submit an incident report.

WSH Incident Reporting + Create report

i 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).

9. At the 'Create Report' page, gather the information and documents required before proceeding.
- Select 'Employer' if reporting an incident involving a worker from your organisation that is also a platform worker.
 - 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

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

Continue > X Cancel

Select 'Yes' if the injured person was also performing platform job when injured (e.g. was delivering food / goods or providing ride-hail services). **The date of accident should also be on or after 1 January 2025.**

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

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

Create report

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

Injured person

⊕ Add injured person

NAME	NRIC	PR
There are no records yet.		

Continue > Save as draft × Cancel

• 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.

11. At the 'Add Injured person details' page,
- Enter their NRIC/FIN 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
[REDACTED] Retrieve

Name: SARAH TAN

Date of birth: [REDACTED]

Gender: Female

Preferred Language

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

Mailing address

Address Get address

- Fill in all the employment details.

Employment details

Start date of employment

Employee's occupation

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

What is the official working hours of the injured person on the day of incident?

Start time

Hour Minute AM/PM

End time

Hour Minute AM/PM

Is the employee a manual worker where manual work performed by him makes up his main duties?

Yes No

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

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

Injury details

Did the accident result in death of the injured person?

Yes No

Was the injured person hospitalised at least 24 hours?

Yes No

Medical leave (Days)

Light duty (Days)

Was the person injured while performing the official work duties?

Yes No

Hospital/Clinic where the injured person was examined or treated

13. 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.		

14. 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
- Deafness
- Drowning
- Electric Shock
- Heart Attack
- Mosquito-Borne Disease
- Paralysis
- Puncture Wounds
- Sprains/Strains
- Stroke
- Virus Outbreak (SARS, H1N1)
- 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)

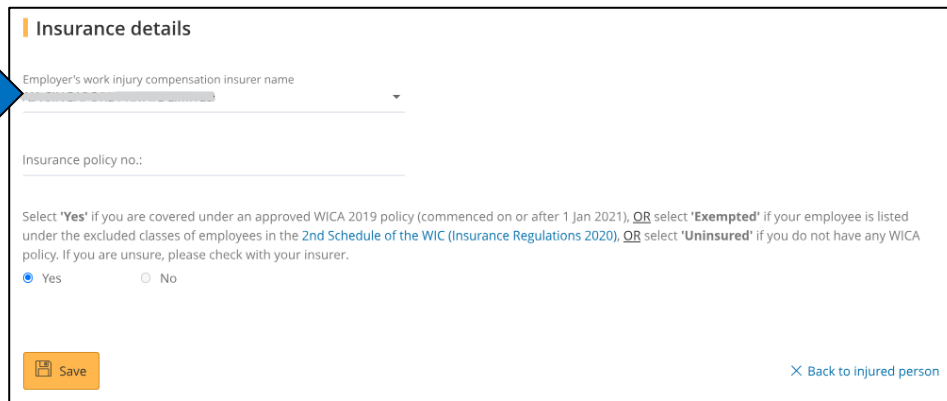
RIGHT LEFT LEFT RIGHT

RESET RESET

[Back to injured person details](#)

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

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




Insurance details

Employer's work injury compensation insurer name
[Dropdown menu]

Insurance policy no.:
[Text input field]

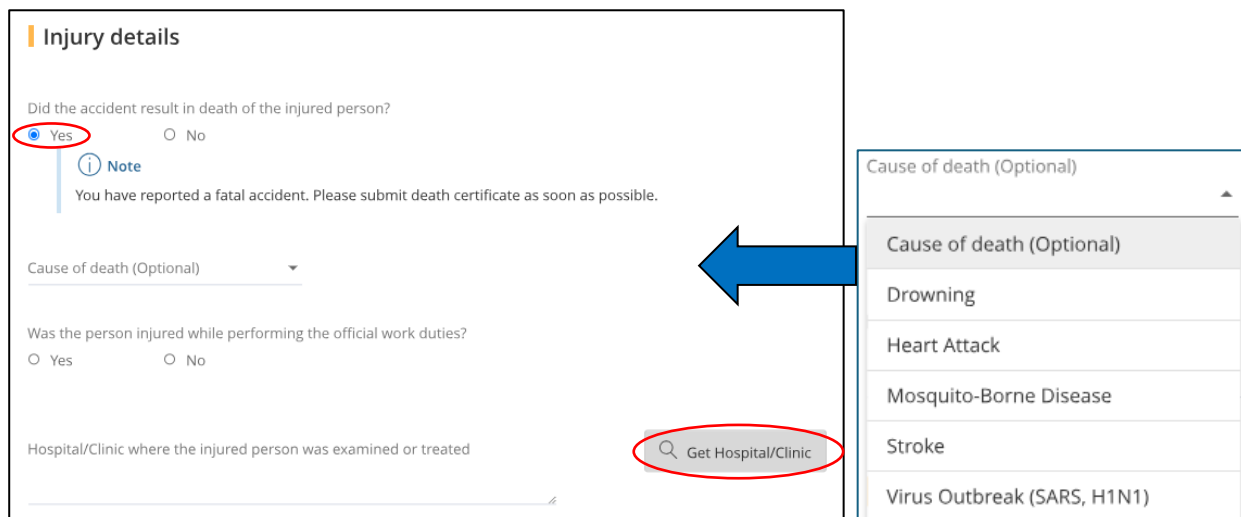
Select **'Yes'** if you are covered under an approved WICA 2019 policy (commenced on or after 1 Jan 2021), **OR** select **'Exempted'** if your employee is listed under the excluded classes of employees in the **2nd Schedule of the WIC (Insurance Regulations 2020)**, **OR** select **'Uninsured'** if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

Yes No

 Save [Back to injured person](#)


16. Steps for **fatal accident** involving the injured person. **(Skip if not applicable)**

- At the **'Injury details'** section.
- Select **'Yes'** for "Did the accident result in death of the injured person?".
- 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 injured person was examined or treated.



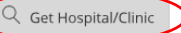
Injury details

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

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

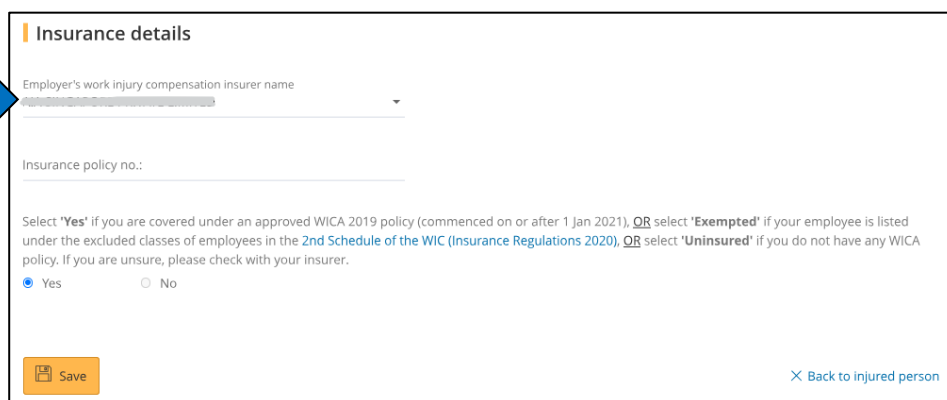
Cause of death (Optional)
[Dropdown menu]

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

Hospital/Clinic where the injured person was examined or treated
[Text input field] 

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

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




Insurance details

Employer's work injury compensation insurer name
[Dropdown menu]

Insurance policy no.:
[Text input field]

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 [Back to injured person](#)

- 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

1 items | Page 1

NAME	NRIC/FIN/PASSPORT NO	PROFILE	TYPE	ACTION
SARAH TAN	XXXXXXXXXX	Employee	Non-Fatal	Select action ▼

Continue > Save as draft X Cancel

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

Accident details

When did the accident happen?

dd/mm/yyyy

Hour Minute AM/PM

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

18. Workplace name and full addresses **are required** if the accident happened at another organisation’s premise or in a public place or road. Please specify accordingly.

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

If the accident happened at your premises, select 'At premises under management or control of employer's'

This will automatically update your informant type to both 'Employer' and 'Occupier'.

19. Select an option for ‘How did the accident happen?’. (Refer to the full list in [Page 14](#))

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

20. Select an option for ‘What objects or environments lead to the accident?’. (Refer to the full list in [Page 19](#))

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

21. 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 investigation report, etc.)
- Click ‘Continue’ once done.

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 Cancel

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

- Check that the UEN/Name/Mailing address is correct.
- Select the no. of employees.
- 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 employees:
 1 - 10
 11 - 50
 51 - 100
 101 - 200
 201 & above

Contact person

NRIC/FIN
Name
Email address
Contact no.

[< Back](#) [Continue >](#) [Save as draft](#) [Cancel](#)

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

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

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

Preview & declare [Print](#)

Report reference no.:
Report type: **Work-related accident**
Submitted by: **Employer (Platform Worker)**

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

Injured person [Edit](#)

NAME	NRIC/FIN/PASSPORT NO	PROFILE	TYPE	ACTION
SARAH TAN	999999999	Employee	Non-Fatal	Edit

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?

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

Address or location where the accident happened:

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:

Organisation contact details Edit

Organisation UEN:

Organisation name:

Mailing address:

No. of employees: **201 & above**

NRIC/FIN:

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			

Note: After clicking submit, 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 via this link: <https://form.gov.sg/657183ca07c8110012c690d6>

For more information, visit the FAQ for WSH incident reporting: <https://www.mom.gov.sg/faq/ireport>

24. **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 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](#)

25. At **'Acknowledgement'** page,

- Check if the report has been successfully submitted.
- **Optional:** Scroll down the page and fill up to 2 email addresses to receive a copy of the incident report details.

Create report

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

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 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: **22/04/2022 10:00:00 AM**
Report reference no.: **AC210000000**

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.

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

Email address1

Email address2

[Send](#)

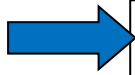
[Go to Homepage >](#)

'How did the accident happen' &

'What objects or environment lead to the accident' list

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

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



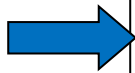
How did the accident happen?	
How did the accident happen?	
Traffic Accidents	
Falling From Heights	
Injured by Moving, Fixed or Stationary objects	
Fires / Explosion	
Exposure to Extreme Temperatures, Electric Current, Biological Materials and Hazardous Substances (including discharge of dangerous substances)	
Collapse / Failure of structures	
Slips and Trips	
Over-exertion/Strenuous Movements	
Others	

27. For **'Traffic Accidents'**, select the mode of transport that the injured person took.

- Refer to scenarios table in [Page 18](#).

What mode of transport was the injured person taking at the time of the accident?
<input type="radio"/> Company vehicle
<input type="radio"/> Personal vehicle
<input type="radio"/> Public Transport
<input type="radio"/> Others

- Fill in the details of where the injured person travelled from/to, the reason and if there was a detour to other location(s).



Where was the injured person travelling from? _____ /
Where was the injured person travelling to? _____ /
Why did the injured person travel to this location? _____ /
Did the injured person make any detour to other location(s)? <input type="radio"/> Yes <input type="radio"/> No
Vocational driver e.g. courier/dispatch/delivery driver or required to work in the vehicle (e.g. driving instructor) <input type="radio"/> Yes <input type="radio"/> No

- Select the objects or environments that led to the accident. (Refer to the full list in [Page 19](#)).

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

- Explain in detail the events leading to the accident.

<p>Describe the events leading to the accident</p> <ul style="list-style-type: none"> • 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 <p>Please specify</p> <p style="text-align: right;">0 / 2500</p>
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28. 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

29. 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

30. 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

31. 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

32. 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

33. 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

34. 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

	Accident Description	How did the accident happen (type):	What objects or environment led to the accident:
<p>Scenario 1 If the accident happened on a public road which is not part of any occupier's premises.</p>	<p>The employee claimed that despite him pulling the hand brake, the company lorry continued to move forward and hit a tree. This incident had caused his hand to be injured.</p>	Traffic Accident	Cars, Vans, Lorries, Trucks
	<p>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.</p>		
<p>Scenario 2 If the accident happened on a public road but the area was part of the occupier's premises (road construction).</p>	<p>A worker was hit by a passing vehicle while assisting in the road construction works.</p>	<p>Struck by Moving Objects (Not to be classified as traffic accidents)</p>	<p>Others - Motor Vehicles (e.g. lorries, prime movers)</p>
<p>Scenario 3 If the accident happened within the occupier's premises (factory's car park).</p>	<p>A production worker took a nap by lying on a car park in the factory premises. A car hit him.</p>	<p>Struck by Moving Objects (Not to be classified as traffic accidents)</p>	<p>Others - Motor Vehicles (e.g. lorries, prime movers)</p>

‘What objects or environment led to the accident’ list

35. 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 selected ‘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	Other Physical Workplace
Means of Access	Others

36. **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

37. **Forklift, Excavators and other Industrial Trucks**, please specify if ‘Others’.

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

38. **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

39. Industrial Hand Tools:

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

40. 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

41. Means of Access, please specify if 'Others'.

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

42. Other Physical Workplace:

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

43. 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 24/01/2025.