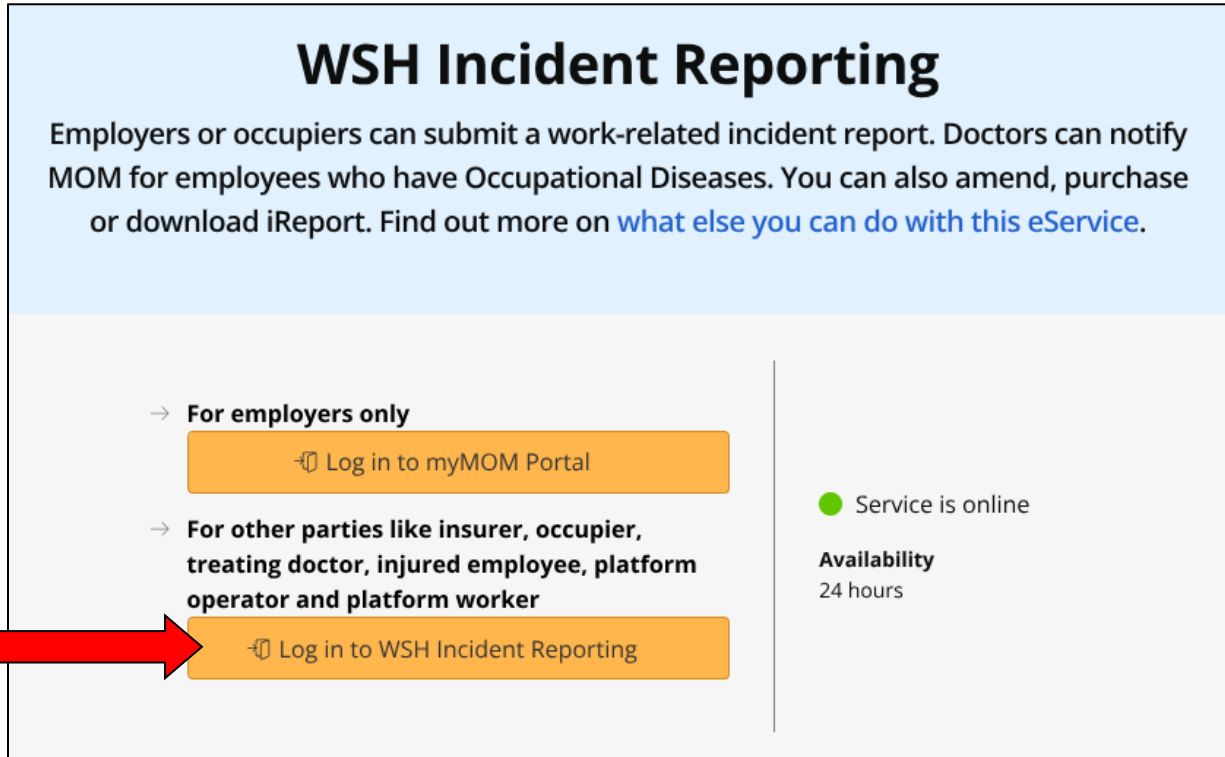


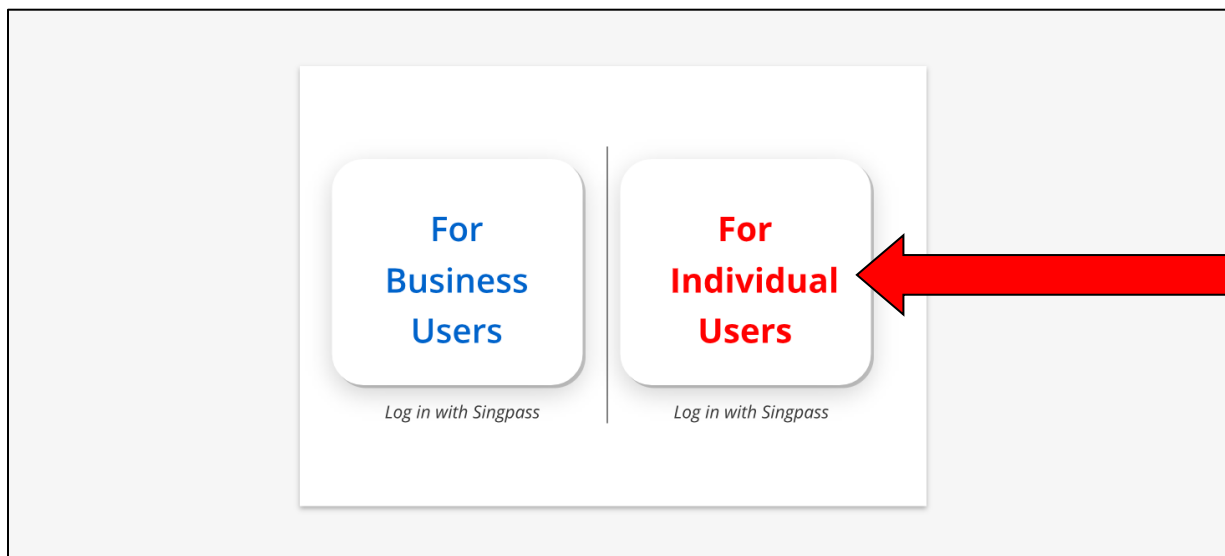
FOR PLATFORM WORKERS

A GUIDE TO FILE WSH INCIDENT REPORT VIA WSH IR eSERVICES

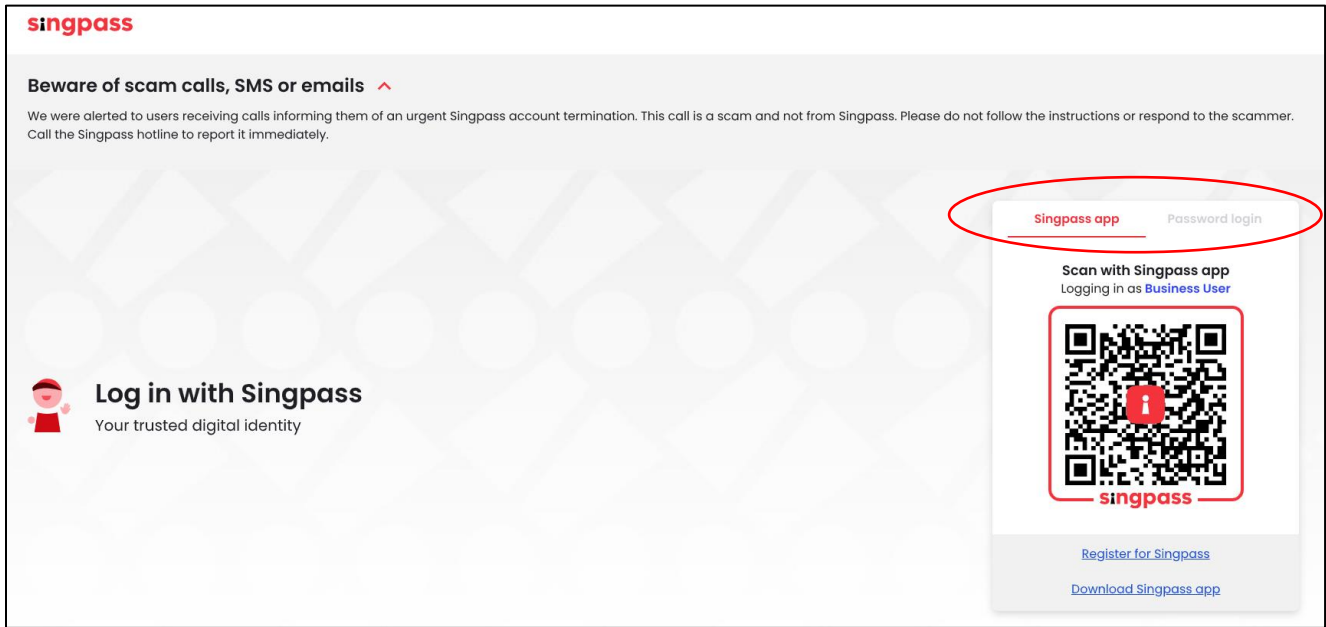
1. To report work-related accidents, submit a WSH Incident Report at the following link:
<https://www.mom.gov.sg/eservices/services/wsh-incident-reporting>
2. Click “Log in to WSH Incident Reporting”.



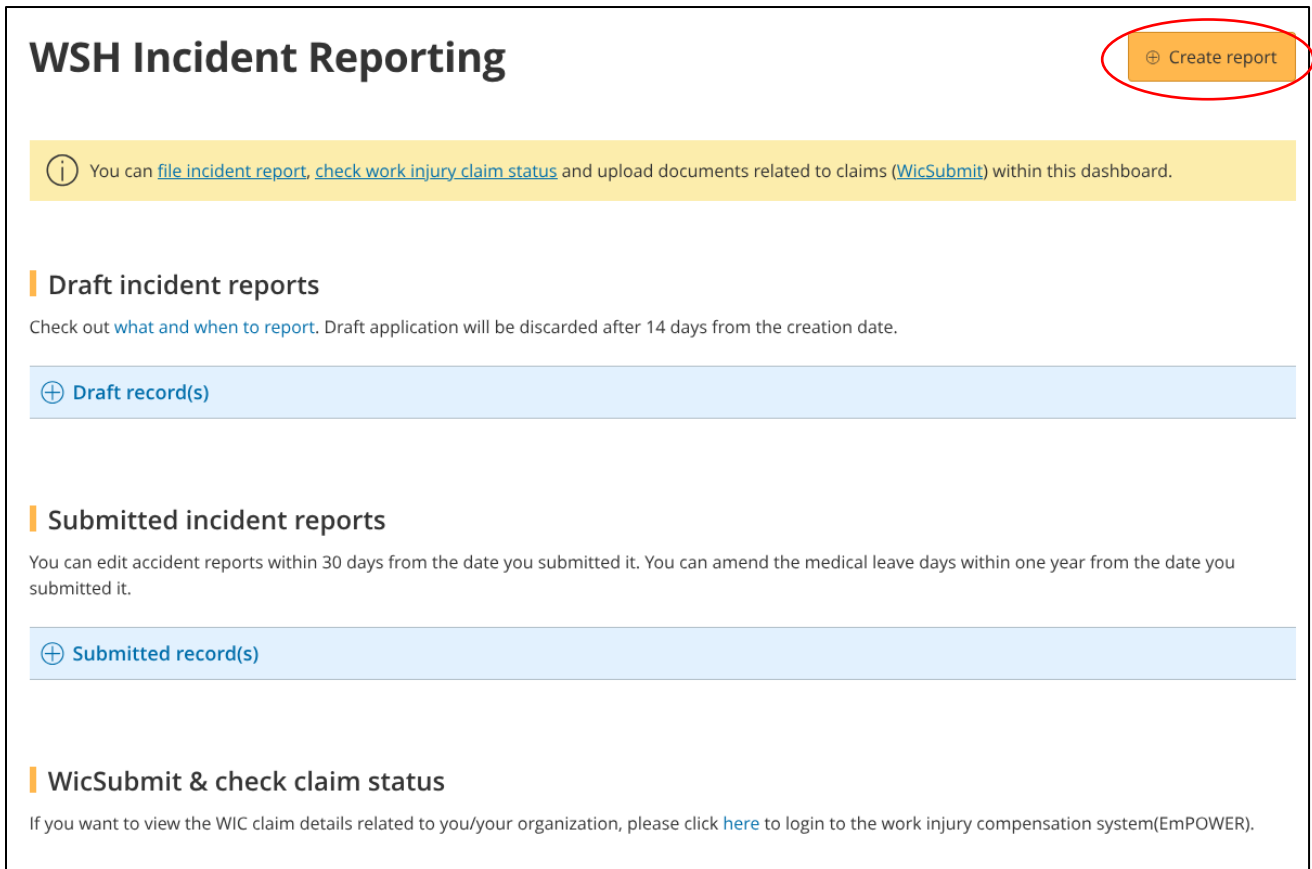
3. Click “For Individual Users”.



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 Worker'.
 - Select and fill in the other mandatory fields accordingly.

Create report

You are reporting as:

Platform Worker

Treating Doctor

Injured person's next-of-kin


Injured person

What are you reporting?

A work-related accident with injured person

An occupational disease


When did the accident happen?

10/10/2024 

Hour Minute AM/PM


01 00 AM

7. Click 'Continue' to go to the next page.
8. Click 'Cancel' to discard your information.

 **Tip**


It will take about 15 minute(s) to complete this report.

You will need to provide following information:



Details of Incident


+



Details of injured person

- Personal particulars
- Employment/contract details
- Insurance

+



Supporting Documents
(e.g. payslips, insurance policy schedule, medical document, such as medical reports and certificates.)

Please ensure that the form is filled correctly before submission. Not all fields can be amended once you have submitted the form. You may refer to the FAQ on iReport amendments on MOM's website.

Continue > X Cancel

9. At the **'Rights under WICA'** page, read through all the information.

Rights under WICA

WIC **What is the Work Injury Compensation?**

It is the compensation that an injured platform worker can claim from an platform operator (or platform operator's insurer) if he is under these situations:

- Suffer an injury or medical condition in a work accident.
- Contract a disease due to work exposure to a biological or chemical agent.
- Contract an [occupational disease](#).

It is payable under Work Injury Compensation Act (WICA), even if the injured person no longer works for the company after the accident/disease.

\$\$\$ **What can the injured platform worker claim?**

- Medical leave wages.
- Medical expenses.
- Compensation for permanent incapacity (or death), if applicable.

👤 **What to do if an platform worker is injured at work?**

1. Seek medical help. Inform the platform operator quickly.
 - He will notify the Ministry of Manpower (MOM).
2. Give original Medical Certificate (MC)/medical bills to the platform operator to claim medical expenses and medical leave wages.
 - Keep a copy of the MCs and medical bills.
3. Check with the platform operator that he has notified MOM of the accident.
4. A lawyer is not necessary.
5. Decide whether to file a claim under WICA or common law.
 - An injured platform worker can only claim for compensation from either WICA or common law, and not both.

For more details on platform worker's work injury compensation, visit MOM's [website](#). If you need help, [contact MOM](#).

10. At the **'Declaration'** section,

- **1st declaration is mandatory**, click the square box to acknowledge.
- Make the appropriate declaration for the 2nd and 3rd square box.
- Click **'Continue'** to go to the next page.

Declaration

The platform worker/platform worker's next of kin has read and understood his/her entitlements under the Work Injury Compensation Act.
Please select this option.

The platform worker/platform worker's next of kin is seeking MOM's assistance to recover
Please select at least one option

Medical leave wages and/or medical expenses
 Permanent incapacity/death compensation

[Continue >](#) [Save as draft](#) [X Cancel](#)

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

Create report

Progress: 1. Rights under WICA (Completed), 2. Injured person (Current), 3. Accident details, 4. Contact details, 5. Preview & declare, 6. Acknowledgement

Injured person

+ Add injured person

NAME	NRIC	MEDICAL LEAVE (DAYS)	ACTION
There are no records yet.			

Witness (Optional)

Please provide information of eye-witness and/or people whom you informed immediately after the incident.

+ Add witness

NAME	CONTACT NO.	EMAIL ADDRESS	ACTION
There are no records yet.			

< 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'.

12. At the **'Add injured person details'** page,

- Check that all the personal particulars are correct.
- Fill in the other mandatory fields.
- Indicate accordingly if you were performing jobs for other platform operator(s) in the last 90 days.

Add injured person details

Personal particulars

NRIC:

Name: **SARAH TAN**

Date of birth:

Gender: **Female**

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

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

Mailing address

Address

Platform work details

Platform operator's organisation name

Platform operator's mailing address

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

- If selected **'Yes'**, please search for the organisation.

Are you 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):

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

- Default will be **'No'** for "Did the accident result in death of the injured person".
- Fill in all the other mandatory fields.
- Select the hospital/clinic that you visited.

Injury details

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

Were you hospitalised at least 24 hours?
 Yes No

Medical leave (Days)

Hospital/Clinic where the injured person was examined or treated

14. Click **'Add Injury'**,

- Select the injuries details.
- Click on the body parts based on the injured area.
- Click **'Save'** once done.

Nature of injury

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

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

 [Back to injured person details](#)

15. After saving is complete,

- Click **'Continue'** to save your information.

Injured person

NAME	NRIC	MEDICAL LEAVE (DAYS)	ACTION
SARAH TAN	93712102j	00	Select action ▾

Witness (Optional)

Please provide information of eye-witness and/or people whom you informed immediately after the incident.


+ Add witness

NAME	CONTACT NO.	EMAIL ADDRESS	ACTION
There are no records yet.			

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

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

Accident details

When did the accident happen?
22/10/2024 
dd/mm/yyyy

Hour: 10 Minute: 00 AM/PM: PM

Please select the Platform service(s) that you were performing: ▾

Which stage did the accident happen? ▾

Were you also performing jobs for other platform operator(s) when the accident happened?
 Yes No


Were you also performing Employee jobs/duties when the accident happened?
 Yes No

Where did the accident happen? ▾

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

0 / 2500 

17. Select the Platform service(s) that you were performing.

Please select the Platform service(s) that you were 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 you were working for multiple platform operator(s) when the accident happened, select **'Yes' and search for the organisation's name**. If unapplicable, select **'No'**.

Were you also performing jobs for other platform operator(s) when the accident happened?

Yes No

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

Search organisation

20. If you were performing both employee duties and platform service(s), select **'Yes' and inform your employer**. If unapplicable, select **'No'**.

Were you also performing Employee jobs/duties when the accident happened?

Yes No

21. 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

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

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

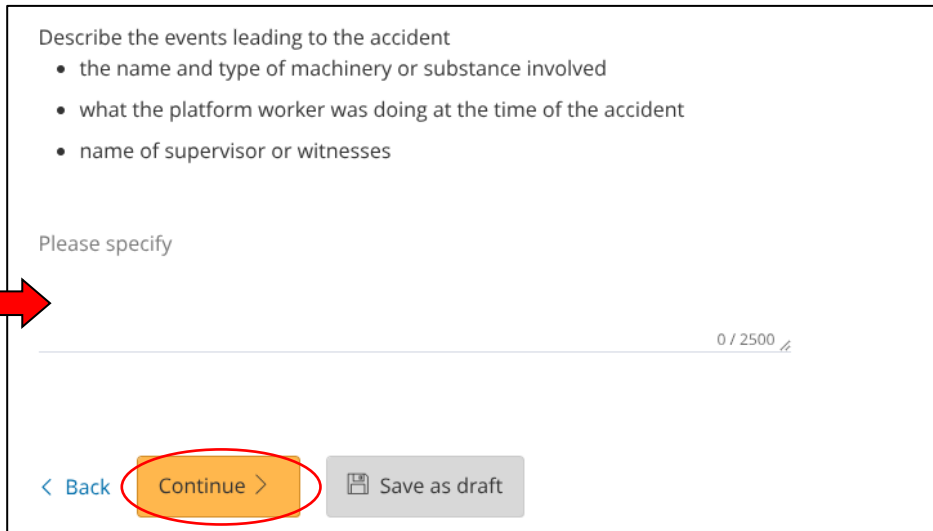
Describe the events leading to the accident

- 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

0 / 2500

< Back **Continue >** Save as draft



23. At 'Contact person' page,

- Check that all the personal particulars are correct.
- Click 'Continue' once done.

Contact person


NRIC 907421400

Name SARAH TAN

Email address sarah.tan@gmail.com

Contact no. 027421400

< 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'.

24. At 'Preview and Declare' page,

- Please check that **all information is filled in correctly** before submitting.
- Click '**Edit**' if you wish to amend a certain field in the report.
- You may also upload supporting documents in this page.

Create report

Rights under WICA Injured person Accident details Contact details **Preview & declare** Acknowledgement

Preview & declare

Report reference no.: *********

Report type: **Work-related accident**

Submitted by: **Platform Worker**

[Print](#)

Rights under WICA

The platform worker/platform worker's next of kin has read and understood his/her entitlements under the Work Injury Compensation Act.

The platform worker/platform worker's next of kin is seeking MOM's assistance to recover

Medical leave wages and/or medical expenses

Permanent incapacity/death compensation

[Edit](#)

Injured person



NAME	NRIC	MEDICAL LEAVE (DAYS)	ACTION
SARAH TAN	*****	15	Edit

[Edit](#)

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			

25. **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.

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](#)

26. At **'Acknowledgement'** page,

- Check if the report has been successfully submitted.

Injured person Organisation contact details Preview & declare **Acknowledgement**

Success
Your report has been submitted.

Acknowledgement

Thank you for your report. The report has been sent to the email address provided. You can download the [submitted report](#).
You 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:
Report reference no.:

[Print](#)

Optional: Fill in email addresses under 'Email a copy to concerned parties of the incident (optional)' 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 >](#)