

REPORT OF ACCIDENT BY INJURED WORKMAN / DEPENDANT

Particulars of Injured / Deceased Workman	
Name:	NRIC/FIN/WP No.:
Home/Mailing Address in Singapore:	
Tel No.:	
Date of Birth:	Sex: M / F
Average Monthly Earnings:	Date of Commencement of Employment:

Particulars of Employer	
Name of Company:	
Address of Company:	
Tel No.:	
Was the accident reported to the employer?	Yes / No
Name / Designation of Person to Contact:	

Details of the Accident	
Date of Accident:	
Time of Accident:	
Place of Accident:	
Description of Accident:	
Nature of Injuries:	
Name of hospital/clinic for treatment*:	
No. of days of medical leave:	
Is the injured workman still in hospital?	Yes / No
Has the workman resumed work?	Yes / No
Any advances, wages or workmen's compensation paid?	

** Please attach copies of the injured workman's medical certificates*

Particulars of Witnesses to the Accident
Name:
NRIC/FIN/WP No.:
Sex: M / F
Contact Address in Singapore:
Tel No.:
Company Name:

Particulars of Witnesses to the Accident
Name:
NRIC/FIN/WP No.:
Sex: M / F
Contact Address in Singapore:
Tel No.:
Company Name:

If you are the dependant co-worker, please provide your particulars as follows:

Particulars of Dependent / Co-worker (if applicable)
Name:
NRIC/FIN/WP No.:
Sex: M / F
Contact Address in Singapore:
Tel No.:
Relationship with injured / deceased workman:

I hereby certify that the above information given by me is to the best of my knowledge and correct.

Signature / Thumb print of Injured
Workman / Dependant / Co-worker

Date