

**INFORMATION REQUIRED FOR WORK-RELATED INJURIES REPORTING WITH < 4 DAYS OF MEDICAL LEAVE OR LIGHT DUTIES (PRELIMINARY)**

Information Category	Required Fields
Employer Details <sup>1</sup>	Organisation UEN
	Organisation Name
	Contact No. / Email
Injured Person Details	Name
	Identification Type/No.
	Medical Leave / Light Duties (Days)
	Name of clinic/hospital
Accident Details	Date of Accident
	Workplace Name/No.
	Address or location where the accident happened
	Accident Type
Insurer Details	Name of Insurer
	Policy Number

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<sup>1</sup> Company's details will be auto-populated when employer login to iReport with CorpPass.