
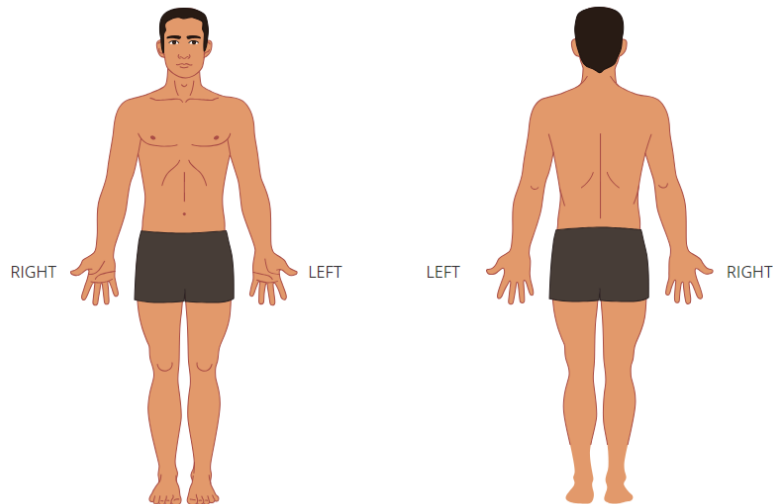
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TITLE: INCIDENT REPORT					
REPORT CLASSIFICATION: <input type="checkbox"/> QUALITY <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> HEALTH & SAFETY <input checked="" type="checkbox"/> PUBLIC LAIBILITY					
Date of Occurrence:	04/09/20 (in DD/MMM/YY)	Time of Occurrence:	02:45pPM (in HH:MM)	Date of Reporting:	05/09/20 (in DD/MMM/YY)
Location of Occurrence:	Tanjong Pagar Town Council – QT2	Address of Occurrence:	Junction between Hoy Fatt Road and Blk 49 Hoy Fatt Road.	Does the occurrence involve any injury or fatality?	<input type="checkbox"/> Yes, Injury <input type="checkbox"/> Yes, Fatality <input checked="" type="checkbox"/> No
Full Name of Injured/ Compliant:	ComfortDelGro Taxi SHC 8814 E	INJURED/ COMPLIANT CLASSIFICATION <input type="checkbox"/> Perm-Staff <input type="checkbox"/> Casual Labour <input type="checkbox"/> Intern <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Client <input checked="" type="checkbox"/> Member of Public <input type="checkbox"/> Others:			
DESCRIPTION OF INCIDENT OCCURRENCE (in Chronological Order)					
<p>On the above-mentioned date, time and location, employees (Billal and Mia Md Sohag) drove the Battery-Operated Cart (BOC) to collect refuse waste at block 49. They parked the BOC in front of the refuse chute of Blk 49 and aligned to perform the task.</p> <p>The BOC suddenly started reversing and headed down the slope towards the main road (Hoy Fatt Road) and collided with a blue ComfortDelGro Taxi (SHC 8814 E). No injury was reported.</p>					
DESCRIPTION OF CRITICAL INTREVENTION/ IMMEDIATE ACTIONS TAKEN					
<p>The damaged/ faulty BOC was decommissioned and will be sent for assessment to repair. Investigation is still on-going.</p>					
DETAILS OF INJURED PERSONNEL (if any)					
Full name (as in NRIC/ FIN/ Passport)	N.A	NRIC/ FIN No.:	N.A	Date of Birth (as of date of incident)	N.A (in DD/MMM/YY)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	N.A	Race	N.A
Residential Address	N.A			Occupation:	N.A
Mobile Number	N.A	Email (if any)	N.A		
DETAILS OF WORK ARRANGEMENT (if any)					
What is the working arrangement of the injured personnel?	<input type="checkbox"/> Shift-Work <input type="checkbox"/> Standard Working Hours		Official Working Hours	Start Time: N.A End Time: N.A	
What time did the injured start work on the day of incident?	Start Time: N.A		Was the injured working Overtime when the accident took place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the injured person employed on 5-day week basis at time of accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Was the injury sustained while performing official duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the injured person still in your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Percentage of Manual Work performed by injured: <input type="checkbox"/> Less than 50% <input type="checkbox"/> More than 50%					

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INJURY DETAILS (if any)**AREA OF INJURIES (Please Indicate)****DESCRIPTION OF INJURIES:**

N.A

Mechanism/ Nature of injury/ accident	Possible mechanical failure	Associated Body Part (s) injured?	N.A	Hospital/ Clinic where the injured was examined or treated:	N.A
Hospitalised for more than 24hrs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of Medical Leave Given	N.A	Date of 4 th day of Medical Leave	N.A

DETAILS OF WITNESS (if any)

Was there anyone who witness the incident?	Not-known	If yes, please provide details of supervisor	Name: N.A Occupation: N.A Relationship to the injured: N.A Mobile Number: N.A
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DETAILS OF SUPERVISOR (if any)

Was anyone supervising the work of the injured person was engaged in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details of supervisor	Name: Sikder Jahangir Alam Occupation: Site Supervisor Mobile Number: -
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4DETAILS OF REPORTER

Full Name, Designation & Signature	Mr. Vincent Yeo Operation Manager	Mobile Number	9088 5682	Business Unit & Department	Maint-Kleen Pte Ltd (Operations)
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Payroll	Average Monthly Earning (AME) of Injured:		Medical Leave Wages Paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Processed Date:
Finance	Claims Reimbursed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount (in SGD)		Processed Date:
Human Resource	Start Date of Employment		Length of Service (in Years)		
	Project WICA Insurer Name:		Insurance Policy No.:		
EHS Officer	MOM iReporting Made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MOM iReport Case No.		
	QEHS Incident Case Report No. Assigned		Incident Impact Level:	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	