DOCUMENTS THAT WILL BE NEEDED FOR THE APPLICATION OF WORKMEN'S COMPENSATION

NO	DOCUMENT	PLEASE TICK (✓)
1	**Form A** must be • *Completed;* • *Signed; and* • *Stamped with the Company Stamp (if applicable)*	
2	**Statement Letter / Employer Report regarding** • *The accident (please state clearly if the accident is work-related or not)*	
3	**A copy of the worker's passport – (if worker is a foreigner)**	
4	**A copy of the worker's identity card**	
5	**A copy of – (if worker is a foreigner)** • *Foreign Worker License (FWL) for company.* ***or*** • *License for the employment of domestic worker / maid*	
6	**A Copy of :** • **Worker's Employment Contract – (if worker is a foreigner)** ***or*** • **Worker's letter of appointment – (for local workers only)**	
7	**A Copy of the Workmen's Insurance Policy**	
8	**A Copy of the salary slip for the period of <u>06 MONTHS PRIOR</u> to the accident** ** If the worker has just started working for the company, please attach the salary slip of any worker holding the same position as the injured worker*	
9	**A copy of hospital appointment card and medical certificates (if already obtained)**	
10	**Two copies of the worker's death certificate – if applicable**	
11	**Police Report – If worker is involved in a road accident**	

<u>REMINDER:</u>

Employers are advised to ensure that their worker attend every appointment(s) that has been set by the hospital / clinic in order to expedite the process of medical assessment. For foreign workers, it is advised for them not to return to their home country until the workers have completed all medical assessments for the purpose of final medical evaluation.

For Office Use:

EMPLOYER'S NAME : _____

VALID POSTAL ADDRESS : _____

CONTACTABLE PHONE NO : _____