

Work Accident / Accident Notification Form

Occupational Safety & Health
Department, Labour Affairs Bureau
Tel no. : 28719936
Fax no : 28717771
E-mail : o.injury@dsal.gov.mo

Injured Details

Name:(Chinese) _____ (Foreign) Chan Tai Man

Date of Birth: 30 / 8 / 1988 Gender: Male Female Place of Origin: Macao

Resident Non-resident I.D Type : B.I.R. I.D. No.: 1xxxxx(8)

Address: FLAT. XX, FLOOR XX. BLOCK, STREET XXX, MACAU

Local Mobile: 6XXXXXXX Other Contact No.: 28XXXXXX

Position: SECURITY GUARD Hiring Date: (Day) 8 (Month) 8 (Year) 2014

Latest 3 Months Salary: \$ 12,000 / \$ 12,000 / \$ 12,000

Employer Details

Name of Employer: Wong Chong

Name of Company: ABC HOTEL Name of Person-In-Charge: Tony Leong

Address: FLAT. XX, FLOOR XX. BLOCK, STREET XXX, MACAU

Phone No.: 28XXXXXX Fax No.: 28XXXXXX E-mail: abc@email.com

Submitter / Contact Person: Ms Cei Wong Submitter /Contact No.: 28XXXXXX

Accident Details

Place of Accident: Lobby of ABC Hotel

Date of Accident: 13 / 3 / 2019 Time of Accident: 15 : 15

Accident Occurred: During Working Hours On the Way to Work Leaving Work

Brief Description of Accident:
Stepped on a wet surface and slipped down

Medical Treatment: Yes No Hospitalization: Yes No

Day(s) of Absence: Yes, 1 day(s) No

Indicate the Part(s) of Body Injured [please mark "X" in the appropriate box(es)]

Head Eye Neck
 Hand Arm Torso
 Leg Foot Others. Please Specify _____

Indicate the Cause(s) of Accident [please mark "X" in the appropriate box(es)]

Fall from Height Fall on Level Ground
 Fall of Object Stepping on or Striking Against Object
 Clamp, Stab or Cut Overexertion or Sprain
 Exposure to or Contact with Extreme Temperatures Contact with Electrical Current
 Exposure to or Contact with Harmful Substance and Radioactive Substance Injured by Animal
 Injury Caused by a Means of Transportation and the Undertaking of Labour Activities
 Accident Occurred on the Way to and from Work While Typhoon Signal No.8 or Above is Hoisted
 Accident Occurred on the Way to and from Work While Travelling to and from the Workplace by the Means of Transport Provided by the Employer
 Accident Occurred on the Way to and from Work While Travelling to and from the Workplace by the Means of Transport **not** Provided by the Employer
 Other Accidents Occurred on the Way to and from Work. Please Specify: _____
 Others. Please Specify: _____

Signature of Submitter and Company Stamp: _____

Date of Submission: 13 / 3 / 2019
(dd/mm/yyyy)

The person filling out this form acknowledges that the personal data provided by himself/herself to the Labour Affairs Bureau (DSAL) will be for the handling process of the work-related injury case filed in the DSAL. The person filling out this form has the right to request access to and correction of his/her personal data held by the DSAL. To exercise the right of access, the person filling out this form shall apply in writing to the DSAL. To exercise the right of correction, the person filling out this form may apply to the DSAL, either in person or in writing. In compliance with legal obligations, the DSAL may transfer the personal data provided by the person filling out this form to other administrative organs, judicial organs, etc.