

Resources and tools for work injury compensation

Find calculators, posters, guides, bulletins and other resources about work-injury compensation.

Note

You can read about the changes to work injury compensation limits and mandatory insurance coverage from 1 January 2020 in the employers and employees' guide below. Find out more about [changes to WICA in 2020](#).

Employers and employees' guide to work injury compensation

For employers	<ul style="list-style-type: none"> • English  • Malay  • Mandarin  • Tamil 
For employees	<ul style="list-style-type: none"> • English  • Bengali  • Burmese  • Hindi  • Malay  • Mandarin  • Tamil  • Thai 

Guides

- [Work Injury Compensation insurance 101](#) 
- [Reporting work-related accidents](#) 
- [Top 5 Work Injury Compensation insurance myths busted](#) 
- [What you need to know about medical leave wages](#) 

Educational posters

You can use these posters to help educate your employees about work injury compensation. They are free to download and can be printed anywhere, but note that they are **copyrighted** and should not be edited or changed.

- 5 easy steps for claiming Work Injury Compensation

- [English](#) 
- [Mandarin](#) 

- What to do if you're injured at work

- [English](#) 
- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- Stay with your employer when you have a work injury

- [English](#) 

- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- Tell your supervisor immediately when you are injured at work, even if the injury is not visible

- [English](#) 

- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- Filing a work injury claim with MOM is simple

- [English](#) 

- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- Injured at work? Know your rights to compensation

- [English](#) 

- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- What is the difference between claiming work injury compensation under WICA and Common Law

- [English](#) 

- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- Jailed for false claims

- [English](#) 

- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- If you are injured, you should attend all medical appointments at the same hospital

- [English](#) 

- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- Do not work if you do not have a valid work pass

- [English](#) 

- [Bengali](#) 

- [Mandarin](#) 

- [Tamil](#) 

- Do not make a fraudulent claim for work injury compensation
 - [English](#)
 - [Bengali](#)
 - [Mandarin](#)
 - [Tamil](#)

- Injured on the job? Quickly report to your employer
 - [English](#)
 - [Bengali](#)
 - [Mandarin](#)
 - [Tamil](#)

- You do not need a lawyer to claim work injury compensation
 - [English](#)
 - [Bengali](#)
 - [Mandarin](#)
 - [Tamil](#)

Resources for doctors

[Guide to the Assessment of Traumatic Injuries and Occupational Diseases for Work Injury Compensation](#) – If you are a doctor, use the **6th Edition** of this guide to assess all work-related injuries and occupational diseases.

- You can also view the [FAQs on Medical Assessment for Work Injury Compensation](#).
- If an injury or condition is not included in the guide, refer to the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.

Calculators

Note

All information from these calculator are only **indicative and non-determinant** to the Commissioner's assessment for a valid claim. The Commissioner holds the final decision on the actual computation.

Online calculators to get an idea of how much compensation you can claim under WICA:

- [Average monthly earnings](#)
- [Medical leave wages](#)
- [Light duties](#)
- [Permanent incapacity compensation](#)
- [Compensation for death](#)

Services and forms

[WIC eServices](#)

[Special Pass application form – English](#)

WSH bulletins

Check out the [WSH Council website](#) for WSH bulletins.

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For employers: what to do during a work injury claim

You need to pay your employees' medical leave wages and expenses related to the work accident. There are additional steps for permanent incapacity.

When to report accident

For fatal accidents	<ul style="list-style-type: none"> • <u>Notify MOM</u> as soon as possible. • <u>Submit accident report</u> within 10 days from date of accident.
For non-fatal accidents	<ul style="list-style-type: none"> • <u>Submit incident report</u> within 10 days from date you were first notified of the accident. Employee needs to be hospitalised or given any instance of medical leave or light duty to consider as non-fatal accidents.

These are the steps to take

Step	Outcome
<u>Report accident or notify MOM</u>	Continue to pay medical leave wages and medical expenses. The designated insurer or MOM will send you a medical report form.
<u>Send and pay for the medical report form to the hospital or clinic</u>	The completed medical report is sent to the designated insurer or MOM.
<u>Receive the notice of assessment (NOA) or notice of computation (NOC)</u>	Know the compensation amount.

Employer's responsibilities

You must take care of your workers during their stay in Singapore, including providing adequate food and accommodation. Otherwise, your security bond may be forfeited.

You cannot send your workers home against their wishes if they have an outstanding claim under the Work Injury Compensation Act (WICA).

If you're waiting for payment from your insurance company, you must still pay your employee's medical leave wages and medical expenses first, and get reimbursed later.

Note

Employees can still claim compensation **within 1 year** of the accident, even if they no longer work for you, or their work passes have been cancelled.

Report accident or notify MOM

For policies that started from 1 January 2021

You must report a work-related accident to MOM if:

- It results in the death of an employee.
- The employee was given leave (MC or hospitalisation leave) or light duty.

For temporary Incapacity, you should notify the designated insurer ↗ immediately when it meets all the requirements:

- Your injured employee's doctor certified that the injured employee is likely to have suffered permanent incapacity.

- Your employee wishes to claim compensation for permanent incapacity.

You can submit the scanned doctor memo to the **designated insurer** .

For policies that started before 1 January 2021

You must **report a work-related accident** to MOM if:

- It results in the death of an employee.
- The employee was given leave (MC or hospitalisation leave) or light duty.

For temporary incapacity, you should notify MOM immediately if it meets all the following:

- Your injured employee's doctor certified that the injured employee is likely to have suffered permanent incapacity.
- Your employee wishes to claim compensation for permanent incapacity.

You can **notify MOM** by uploading the scanned doctor's memo.

How to report accident

1.  **Report the work-related accident online**.
2. (If the doctor issues more MCs or light duty to the injured employee) Update the incident report.
3. **Inform your insurer** about the accident as soon as possible. You can seek reimbursement from the insurer for medical leave wages and medical expenses.
4. Pay your employee's **medical leave wages** by the **next payday** upon receiving the original MCs.
 - You must pay as long as the MCs are issued by Singapore-registered doctors or dentists, even if they're from different hospitals.
5. Pay the **medical expenses** directly to the hospital or clinic.
 - If your employee has already paid the bills, you must reimburse them **within 14 days of receiving the original medical bills**.
 - You are required to pay as long as the treatment is considered necessary by a Singapore-registered doctor or dentist.

If you dispute the claim

You can **dispute an employee's claim** if you think it is not true or it is not work related.

Write or send an email to the designated insurer or MOM to state your reasons. Include the necessary evidence to support it.

Send the medical report form to the hospital or clinic

When: As soon as possible

After you report the accident, the designated insurer or MOM will send you a medical report form, where applicable.

When you receive the **medical report form**, you will have to do the following:

1. Check that the hospital or clinic on the medical report form is the same as where your employee is being treated.
 - If different, you need to make the correction on the form.
 - You need to **email to the officer-in-charge** with the reason why the hospital was changed.
2. Send and pay for the **medical report form** to the hospital or clinic. Provide a copy of the medical report fees receipt to the designated insurer or MOM.
3. Pay your employee's **medical treatment** or provide a letter of guarantee to the hospital or clinic.
4. Monitor and ensure your employee attend all **medical appointments** so that their condition can stabilise. The hospital can only assess the injury after the employee's condition stabilises.

Note

Your employee can go to any hospital or medical institution to seek treatment. There are no restrictions on the types of hospitals or medical institutions (e.g. private or restructured hospital) where the employee seeks treatment from.

Receive the notice of assessment (NOA) or notice of computation (NOC)

For policies that started from 1 January 2021

When your designated insurer receives the hospital's medical report:

- Your designated insurer will calculate the compensation amount.
- Your designated insurer will issue a **notice of computation (NOC)** to inform you and your employee of the compensation payable.
- If no one objects, you or the designated insurer is required to issue the compensation cheque **within 21 days** from the date of service of the NOC.

Any party can object to the assessment. They must complete and submit the objection as instructed in the NOC. Designated insurers and employers must submit their objections within 14 days from NOC service date if they wish to raise an objection.

For policies that started before 1 January 2021

When MOM receives the hospital's medical report:

- We will calculate the **compensation amount**.
- We will issue a **notice of assessment (NOA)** to inform you, your insurer and your employee of the compensation payable.
- If no one objects, you or your insurer must pay your employee **within 21 days** from the date of service on the NOA.

Any party can object to the assessment, but they must complete and submit the objection in the manner and form stated in the NOA.

Note

Failure to pay compensation is an offence, punishable by a fine up to \$15,000 or jail up to 12 months, or both.

Related questions

[When insurers take over the processing of WIC claims, do employers still need to submit an incident report to MOM?](#)

[Incident reports take a long time to complete. Can MOM reduce the number of compulsory fields for minor accidents?](#)

[As the employer, should I notify MOM of an accident at work if I don't think it should be considered under WICA?](#)

[What can I do if my injured employee wants to make a claim for Permanent Incapacity compensation even though the injuries do not seem permanent?](#)

[Must I reimburse my employee if their medical expenses were paid out of their MediSave or MediShield?](#)

[Can my foreign employee leave Singapore before their work injury compensation claim is settled?](#)

Can I terminate my employee's services after a work accident?

Am I still responsible for my injured foreign employee's well-being after their work permit has expired or been terminated?

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For employees: how to claim work injury compensation

To claim for work injury compensation, you need to notify your employer of the accident. For permanent incapacity claims, you need to go for a medical assessment.

At a glance

Who can claim	Injured employee. Report the accident to your employer as soon as possible.
When to claim	For accidents from 1 September 2020: the claim is made once your employer is notified. For accidents before 1 September 2020: for permanent incapacity, file a claim within 1 year from the date of accident.
How long it takes	Within 8 months for most cases. Some cases may need more time to stabilise before a doctor can assess for permanent incapacity.

Temporary incapacity

For **temporary incapacity** cases, report the accident to your employer and seek compensation for medical leave wages and medical treatment related to the work accident.

Temporary incapacity refers to an injured employee being temporarily unable to perform work and earn their usual wages after being placed on medical leave.

Permanent incapacity

For **permanent incapacity** cases, follow these steps for filing a claim:

Step	Outcome
<u>Report the accident to employer</u>	Employer reports the accident to MOM and pays medical leave wages and medical expenses. For accidents from 1 September 2020: You will receive a claim processing form and a letter from your designated insurer or MOM stating that your claim is being processed under WICA 2019. For accidents before 1 September 2020: You will receive a claim application form from MOM.
<u>Submit claim processing form or claim application form</u>	For accidents from 1 September 2020: Submit claim processing form to your designated insurer or MOM to confirm your AME, injury site and other details. For accidents before 1 September 2020: Submit claim application form to MOM and we will process your claim after we received your application.
<u>Go for a medical assessment</u>	Degree of permanent incapacity is assessed.
<u>Receive the notice of assessment (NOA) or notice of computation (NOC)</u>	Know the compensation amount.

Note

- You remain eligible to claim compensation even if you no longer work for the employer or your work pass is cancelled.
- Your employer may be waiting for the lump sum compensation from their insurance company. Nevertheless, they are required to pay medical leave wages and medical expenses to you first, and seek reimbursement from their insurance company later.

- If you are a **Work Permit holder**,  [seek help from MOM](#) if your employer doesn't provide you with housing or food, or if your employer is trying to send you home before your claim is settled.

Report the accident to employer

You should report all work-related accidents and illnesses to your employer **as soon as possible**.

To report an accident:

1. Seek medical treatment and **inform your employer** or supervisor as soon as possible. If you don't, they may dispute whether your injury or illness is work-related.
 - You can also keep us informed by  [making an incident report](#), so we can help with any disputes.
 - Your employer is required to report your accident if you have been given any leave or light duty due to the accident.
2. Give your **original MC** to your employer to claim **medical leave wages**. Keep a photocopy for your records.
3. Give your **original medical bills** to your employer. Your employer should pay the hospital or clinic directly. If you have paid first, your employer is required to pay you back.
4.  [Alert MOM](#) if your employer doesn't pay your medical bills or medical leave wages, or does not inform us of your condition (for serious injuries).

You will receive the notification letter (by post) when MOM has been notified of your accident. The notification letter will include your **case reference number**, which you can use to [check the status of your claim](#).

If you wish to withdraw your WICA claim (e.g. to claim under common law), please complete the claim withdrawal form (attached to the letter) and [submit a withdrawal request](#).

Tip

You can make a claim under WICA or under common law, but not both. [Find out the key differences](#).

Submit claim processing form or claim application form

For accidents from 1 September 2020

Once the designated insurer has been notified of your accident, the **claims processing form** will be sent to you by post, unless you [submit a withdrawal request](#) within 2 weeks.

It will ask you to confirm your average monthly earnings (AME), injury site and other details.

Tip

Calculate your  [average month earnings](#).

Complete the form and submit to the designated insurer by email or mail to the [designated insurer's address](#) .

Go for a medical assessment

The doctor that is treating you will assess your injuries:

- You must **attend all medical appointments**. Your claim may be suspended if you don't.
- After your injury stabilises, the doctor will assess you and inform us of the extent of your injuries (i.e. % of permanent incapacity).

Note

You can seek treatment from any hospital or medical institution. There are no restrictions on the types of hospitals and medical institutions.

However, your employer can request for you to be treated or assessed by the company-approved hospital or medical institutions.

Receive the notice of assessment (NOA) or notice of computation (NOC)

For policies that started from 1 January 2021

When your designated insurer receives the hospital's medical report:

- Your designated insurer will calculate the compensation amount.
- Your designated insurer will issue a **notice of computation (NOC)** with attached the medical report and objection form, to inform you and your employer of the compensation payable.
- If no one objects, your employer or the designated insurer is required to issue the compensation cheque **within 21 days** from the date of service of the NOC.

Any party can **object to the computation**. They must complete and submit the objection as instructed in the NOC to MOM. Injured employees, relatives and legal representatives may submit their objections via any of the following methods:

- **Complete the objection** form in using Singpass.
- Mail a hardcopy of the objection form to MOM.
- **Log in** and upload the scanned hardcopy objection completed form.

All objection forms must be submitted within 14 days from the NOC service date to MOM.

For policies that started before 1 January 2021

When MOM receives the hospital's medical report:

- We will calculate the compensation amount.
- We will issue a **notice of assessment (NOA)** to inform you, your employer and your employer's insurer of the compensation payable.
- If no one objects, your employer or the employer's insurer is required to issue the compensation cheque **within 21 days** from the date of service of the NOA.

Any party **can object to the assessment**, but they must complete and submit the objection as instructed in the NOA.

Withdrawing a WICA claim

If you have filed a WICA claim but want to withdraw it to file a civil suit, you need to do so within these timeframes:

- Within 14 days from the date of service of the NOA or NOC, if there are no objections.
- Within 28 days from the date of service of the NOA or NOC, if there are objections.
- At any time before the NOA or NOC is issued.

If you don't withdraw your claim within these timeframes, the Court may not accept your civil suit.

Note

If all parties accept the NOA or NOC and your employer or designated insurer has paid the compensation, the case is considered resolved and you will no longer be able to file a civil suit.

How to withdraw a claim

For policies that started from 1 January 2021

You or your representatives should:

1. Get withdrawal form from your designated insurer.
2. Complete the form and submit it to your designated insurer.

Refer to the [list of designated insurers](#).

Note

After the NOC is objected, the objection will be processed by MOM. You can notify MOM if you decide to withdraw the claim.

Policies that started before 1 January 2021

Only you or your legal representative can notify MOM of the decision to withdraw a claim.

You can write or email to your claims officer.

Claim for permanent incapacity instead of temporary incapacity

If your claim is only processed for temporary incapacity, but you wish to claim for permanent incapacity, you need to:

1. Contact your designated insurer to obtain the application form and blank doctor's memo to claim for permanent incapacity.
 2. Get doctor to fill up the memo certifying that you're likely to have suffered permanent incapacity.
 3. Submit the application form and doctor's memo within 1 year from the date of accident.
-



Related questions

[As an employee, do I need to immediately report work injury to my employer?](#)

[Am I allowed to have my permanent incapacity assessment done by a doctor different from the one chosen by my employer?](#)

[How can I be assured of the objectivity of permanent incapacity assessments if the assessing doctor is chosen by my employer or insurer?](#)

[Do employees or their representatives still need to file claim for work injury compensation with MOM?](#)

[How can employees be assured that their claims are being processed or that their employers have reported their injuries?](#)

Disputing a work injury claim

You, your employer or their insurer can dispute a work injury claim within 14 days of the notice of assessment.

At a glance

When to file a dispute	Within 14 days from the date of the notice of assessment (NOA) or notice of computation (NOC).
Who can file a dispute	Employee, employer or insurer.
How long it takes	Within 2 to 4 months for most cases. It may take longer for disputes that need to be heard before the Assistant Commissioner (Work Injury Compensation).
Related eService	 Management of Work Injury Compensation (WIC) Claims

Types of disputes

There are two main types of disputes you can file in a work injury claim:

- Objection to a permanent incapacity assessment.
- Other objections e.g. whether an injury was work-related.

Objection to a permanent incapacity assessment

When you, your employer or the insurer objects to the **% permanent incapacity assessment** given by the hospital or clinic.

What to expect:

- Your injuries will be re-assessed by a panel appointed by the Work Injury Compensation Medical Board. The panel will comprise two senior consultants from restructured hospitals.
- The **objecting party** will have to pay the Medical Board fee and the costs of any tests required by the board. If the fee is not paid in time, the objection may be struck off. Please contact the hospital directly if you wish to enquire on the Medical Board fee and the mode of payment.

The Medical Board's permanent incapacity assessment is final.

Other objections

Other objections can include:

- Whether the injury or disease is work-related.
- Whether the  **average monthly earnings (AME)** indicated in the NOA or NOC is correct.

What to expect:

- **MOM** will hold a pre-hearing conference.
- Whoever is objecting will have to provide **supporting documents and evidence**.
- If the objection can't be substantiated, it may be struck off.
- If the dispute can't be resolved at the conference, the case will be referred for hearing.

File an objection

To file an objection, the claimant, employer, or insurer is required to [submit the objection notice online](#) at Management of Work Injury Compensation (WIC) Claims.

If parties encounter difficulties in filing their objection online, they can fill in the objection form which is available from the party processing the claim, which could be the insurer or MOM, and mail it to MOM Services Centre at 1500 Bendemeer Road, Singapore 339946.

Resolution

Once the dispute is resolved, MOM will issue a **Certificate of Order** to all parties: you (employee), employer and insurer. They have **21 days** to pay the compensation.

The majority of disputes are resolved **within 2 to 4 months**. Disputes that need to be heard before the Assistant Commissioner (Work Injury Compensation) will take more time.

Note

Failure to pay compensation is an offence, carrying a fine of up to \$15,000 or jail up to 12 months, or both (for the first offence).



Related questions

[Can the employer, employee or insurer object to the doctor's assessment of the injured worker's incapacity?](#)

[If the insurer disagrees with the Notice of Computation \(NOC\), can the insurer object to their own NOC?](#)

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Check the status of a work injury claim

If you are a party to a work injury claim, you can check the status of the claim using your Singpass or Corppass.

If you are a claimant, employer, insurer or legal representative of a work injury claim, you can [check the status of the claim online](#). You would require Singpass or Corppass to use the eService.

For claimant

You need to register for a [Singpass account](#) ↴.

To reset your Singpass, please refer to the [youtube video](#) ↴.

For employer, insurer or legal representative

You need to have the eService (EmPOWER) assigned to your Corppass. Your Corppass Admin or sub-admin must assign the e-Service to their Corppass account via the following steps:

- Log in to [Corppass](#) ↴.
- Go to the **eService Access tab**.
- Choose **EmPOWER** as one of your company's eServices.
- Assign **EmPOWER** eService to your Corppass account.

Work injury compensation insurance

You need to get work injury compensation insurance for all employees doing manual work, as well as all employees earning \$2,600 or less a month.

Note

From **1 January 2021**, all WIC insurance policies must be issued by a designated insurer, and must comply with MOM's compulsory terms. Finalise all insurance contracts and provide the information required to your insurer at least 21 days before policy commencement.

Who needs to be insured

If you are an employer, you are **required** to buy work injury compensation insurance for:

- All employees doing manual work, regardless of salary level.
- All employees doing non-manual work, earning a salary of \$2,600 or less a month, excluding any overtime payment, bonus payment, annual wage supplement, productivity incentive payment and any allowance.

You must have insurance for **both local and foreign employees**. Failure to provide adequate insurance is an offence carrying a fine of up to \$10,000 or jail of up to 12 months, or both.

For other employees, you have the flexibility to decide whether to buy insurance for them. However, if those employees make a valid claim, you will have to compensate them regardless of whether they are insured.

Choosing insurance coverage

When you are buying or reviewing your company's work injury compensation insurance coverage, do the following:

For insurance policies that started before 1 January 2021

1. Check that you have a insurance policy covering your employees.

- Make sure the insurance policy covers the eligible claims under the Work Injury Compensation Act. These include medical leave wages, medical expenses, and compensation for permanent incapacity or death. The insurance payout should not be less than the compensation limits under WICA.

2. Check which employees are covered.

- Review the occupations and number of employees listed on your policy. Make sure it includes the employees that you are required to cover.
- Do not under-declare the number of employees to your insurer. This will cause some of your employees to be uninsured.

3. Check for exclusion clauses and recovery clauses.

- Work-related exclusion clauses are no longer allowed in insurance policies for work injury compensation (except for asbestos-related cases). This means that your insurer is liable to pay for accidents, even if the policy contains the exclusion.
- However, they can still recover the compensation from you if a recovery clause exists. If you have any doubts or questions, check with your insurer.

For insurance policies that start from 1 January 2021

1. Check that the insurer is a designated insurer.

- You must buy or renew your insurance policy from designated insurers.
- These policies must comply with MOM's compulsory terms.
- This ensures that the policy coverage is adequate for WICA claims.

2. Ensure all information on your policy is accurate.

- Review the occupations and number of employees listed on your policy. Make sure it includes the employees that you are required to cover.
- **Do not under-declare** the number of employees to your insurer. All your claims may be affected by the wrongful declaration.
- Make sure that the nature of occupation, and any other information requested by the designated insurer, is reflected accurately. Otherwise, you may not be fully covered by the insurance policy.
- Use the standard declaration form for information you will typically need to provide to the insurer.

[Multiple entity declaration form](#) 

[Single entity declaration form](#) 

3. If you want additional coverage, you can discuss with your insurer about riders for:

- Common law liabilities
- Travelling to and from work

4. Confirm your WIC policy with your insurer within the timeline given by your insurer.

- You should reply to your insurer as soon as your insurer offered a premium quote or issued the renewal notice.
- When confirming the WIC policy, provide the required information to your insurer:

- UEN
- Nature of business
- Aggregated headcount of employees
- Aggregated annual wages
- Occupation of employees

Tip

Timely confirmation of WIC coverage will help avoid gaps of coverage, especially when work injury happened before a valid WIC insurance policy started, e.g. just after old WIC insurance policy has expired.

Discontinue project WIC insurance

From **1 September 2020**, you should not get new project WIC policies.

There are WIC claims that are covered under both project WIC policy and employer's WIC policy. Such duplicate coverage can lead to delays and disputes over who should compensate the injured employee or to reimburse the employer. Companies can potentially reduce insurance premiums by avoiding duplicate coverage.

What is a project WIC policy

A project WIC policy refers to the portions of project insurance policies that provide coverage for work injury sustained at a project site, or while doing work for a specific project.

For employers

You must **get WIC insurance for your employees**, even if they are covered by project WIC policies.

If your employees are only covered under a project WIC policy, you may be charged for non-insurance. This is because project WIC policies do not cover some instances of work injury, such as injury that occurred in company transport or while working outside the project site.



Related questions

[Why is WIC insurance compulsory only for some employees?](#)

[Can designated insurers insert other terms that are not in the prescribed compulsory terms for WIC insurance?](#)

[What should I do if my WIC insurer refuses to cover my workers with disabilities?](#)

[What should I do if I'm unable to find WIC coverage?](#)

[I'm the principal of a multi-year project. Do I need to ask contractors for proof of multi-year WIC coverage?](#)

[Can I use project insurance instead of employer's insurance for work injury compensation?](#)

[Can my employer deduct their insurance cost from my compensation?](#)

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Types of compensation under WICA

The Work Injury Compensation Act lets employees claim for medical leave wages, medical expenses and lump sum compensation for permanent incapacity, if any, or death.

There are limits to each type of compensation.

What you can claim

If you are covered by the Work Injury Compensation Act ([WICA](#)), you can claim for the following types of compensation benefits:

- **Medical leave wages** for days you were issued with medical leave or light duty, due to the work injury or disease.
- **Medical expenses**, including your hospital bills, medication and other charges, due to the work injury.
- **Lump sum compensation** for **permanent incapacity, current incapacity or death**.

Temporary incapacity refer to an injured employee being temporarily unable to perform work and earn their usual wages after being placed on medical leave.

Compensation for such work injuries consists of:

- Medical leave wages for working days covered by doctor-granted MC, light duty or hospitalisation leave, up to one year from the date of the accident.
- Medical expenses related to work accident for medical treatment received within one year from the date of the accident, or up to a maximum of \$45,000, whichever is reached first.

Medical leave wages

Medical leave wages are payable only for working days covered by MC, hospitalisation leave or light duty granted by Singapore-registered doctor or dentist. It is **not payable** for non-working days (e.g. rest days and public holidays).

Medical leave wages are compensation and not income. Compensation is not taxable, and both employers and employees don't need to contribute to CPF.

Note

For light duties, medical leave wages refer to any **shortfall** between the actual wages and the average monthly earnings (AME). Employers and employees should still contribute CPF, for the actual wages paid while on light duties.

WICA entitles you to medical leave wages according to the following rates and limits.

For hospitalisation leave

Days	Employee gets	Employer pays
Up to 60 days	Full <u>AME</u>	Full AME
61 st day to 1 year of accident	2/3 AME	2/3 AME

For outpatient MC or light duties

Days	Employee gets	Employer pays
Up to 14 days	<p>Full AME</p> <p>For light duties: Full AME or actual wages, whichever is higher</p>	<p>For MC: Full AME</p> <p>For light duties: Employee's actual wages + any shortfall</p> <p>Shortfall = AME – actual wages for that period</p>
15 th day to 1 year of accident	<p>2/3 AME</p> <p>For light duties: 2/3 AME or actual wages, whichever is higher</p>	<p>For MC: 2/3 AME</p> <p>For light duties: Employee's actual wages + any shortfall</p> <p>Shortfall = 2/3 AME – actual wages for that period</p>

Note

You should be resting during your medical leave period. If you wish to return to work, please consult your treating doctor that you are fit for work. Once you have returned to work, your subsequent medical leave will no longer be claimable.

Tip

Use the  [light duty calculator](#) to find out your wages during light duties.

For light duty wages, if AME is higher than actual wages, employers can claim the difference from their insurers.

Example

Injured worker takes	Injured worker should be paid
10 days outpatient medical leave	10 days outpatient medical leave: Full AME
+ 71 days hospitalisation leave	First 60 days hospitalisation leave: Full AME Remaining 11 days hospitalisation leave: 2/3 of AME
5 days outpatient leave	5 days outpatient leave: Full AME
+ 15 days light duties	9 days light duties: Full AME Remaining 6 days light duties: 2/3 AME

If you are given light duties, you must return to work for light duties or take leave. If you are absent from work without leave, you won't be able to get compensation under WICA.

If the employer has no suitable light duties for you, you should inform your doctor.

Don't work for employer anymore

If you no longer work for your employer, you are still entitled to medical leave wages for:

- MC or hospitalisation leave for the work injury.
- Light duties issued when you were working for that employer.

How it's calculated

Medical leave wages are calculated based on your average monthly earnings (AME). This may be different from your gross monthly salary.

AME is computed based on your earnings over the past 12 months before the accident date.

Generally, it includes overtime pay and bonuses, but excludes transport allowances and reimbursements.

| Calculate your AME

When to pay

Medical leave wages must be paid by your employer **by your next pay day**.

| Calculate your medical leave wages

Medical expenses

Your employer will be required to pay for medical expenses related to a work accident up to the maximum limit, which is **\$45,000 or 1 year** from the date of the accident, whichever comes first.

Examples of eligible medical expenses include:

- Medical consultation fees
- Ward charges
- Treatment fees
- Medical report fees
- Emergency medical transport charges (e.g. ambulance)
- Cost of medicine
- Artificial limbs
- Surgical appliances
- Treatments that facilitate early return to work, claimable charges include those for case management, functional capacity evaluation and worksite assessment
- Dental charges

You can claim these medical expenses only if your treatment is prescribed and billed by a **Singapore-registered doctor or dentist**:

- Physiotherapy
- Occupational therapy
- Traditional Chinese Medicine (TCM)

Note

Singapore-registered medical doctors are medical practitioners registered under the [Medical Registration Act 1997](#).

For accidents from 1 September 2020, employers must compensate for any medical treatment and leave issued by dentists registered under the [Dental Registration Act 1999](#).

Type of treatment	<ul style="list-style-type: none"> Physiotherapy Occupational therapy Traditional Chinese Medicine (TCM)
Medical expenses claimable under WICA	<ul style="list-style-type: none"> Treatment is performed at restructured and private hospitals, which are licensed under the Healthcare Services Act 2020. Treatment that is performed at other locations by a registered medical practitioner (Medical Registration Act 1997) and registered dentist (Dental Registration Act 1999) recognised under WICA.

Lump sum compensation

If you are covered by WICA, you or your family can claim a lump sum in the event of **permanent incapacity**, **current incapacity** or **death**.

Permanent incapacity and current incapacity

When a claim is payable	When an injury or illness has a permanent effect on an employee's ability to work
Who receives the compensation	Injured employee
How compensation is calculated	<p>Amount payable = Employee's average monthly earnings × age multiplying factor × % permanent incapacity</p> <p> Estimate compensation for permanent incapacity</p>

Changes to compensation limits

	Accidents before 1 Jan 2020	Accidents from 1 Jan 2020
Minimum compensation	\$88,000 × (% permanent incapacity)	\$97,000 × (% permanent incapacity)
Maximum compensation	\$262,000 × (% permanent incapacity)	\$289,000 × (% permanent incapacity)

Note

- If the doctor or dentist awards **100% PI**, an additional 25% will be added on top of the compensation amount.
- A notice of assessment (NOA) or notice of computation (NOC) will be issued to notify all parties involved of the lump sum compensation.
- The insurer must pay the employee **within 21 days** from the date of service on the NOA or NOC.

Permanent incapacity vs current incapacity

Permanent incapacity (% PI) is based on a doctor's assessment after the medical condition has stabilised. It is based on the [assessment guide on traumatic injuries and occupational diseases for WIC](#).

As most injuries stabilise within 6 months from the date of accident, compensation may be based on the extent of incapacity at the 6-month mark. This is known as current incapacity.

Death

When a claim is payable	When an injury causes death
Who receives the compensation	Family or dependants of deceased employee
How compensation is calculated	<p>Amount payable = Employee's average monthly earnings × age multiplying factor</p> <p> Estimate compensation for death</p>

Changes to compensation limits

	Accidents before 1 Jan 2020	Accidents from 1 Jan 2020
Minimum compensation	\$69,000	\$76,000
Maximum compensation	\$204,000	\$225,000

Note

From 1 November 2025, the maximum compensation limits for:

- Death will increase to \$269,000.
- Permanent incapacity will increase to \$346,000.
- Medical expenses will increase to \$53,000.

**Related questions**

[What should I do if my company does not have light duties for my injured employee?](#)

[What is the difference between MC and light duty?](#)

[Can I claim for medical bills and certificates from Traditional Chinese Medicine \(TCM\) practitioners recognised under WICA?](#)

[Which hospitals or wards can my injured employee be admitted to for claiming compensation under WICA?](#)

[What should I do if I have a workplace accident and don't have enough sick leave?](#)

[Must I pay my injured employee their medical leave wages and medical expenses if their employment is terminated after the work accident?](#)

[When will employers be able to claim reimbursement for light duty compensation from insurers?](#)

Eligible claims under WICA

The Work Injury Compensation Act lets you claim for injuries and occupational diseases that happen at work or as a result of work.

When you can claim

If you are an **eligible employee**, you can make a claim under the Work Injury Compensation Act (**WICA**) if you have:

- Been injured by an accident arising out of and in the course of employment.
- Been injured while on an overseas assignment.
- Contracted an Occupational Disease.
- Contracted a disease from exposure to biological or chemical agents at work.

What accidents does WICA cover

WICA covers accidents arising **out of and in the course of employment**.

Unless there is evidence to prove otherwise, an accident in the course of employment is regarded as arising out of employment.

Scenarios covered under WICA

You are covered under WICA if you:

- Meet with a traffic accident while taking company transport between home and workplace. The vehicle is not a public transport.
- Meet with a traffic accident when travelling during work and for work purpose (e.g. travel from workplace to venue for meeting), regardless of the mode of transport. You did not make any personal detour.
- Are employed by a local employer during your course of employment, suffers a work-related injury during an overseas assignment.
- Are a seafarer who suffers a work-related injury while on board a Singapore-registered vessel, regardless of the location of the vessel.
- Injure yourself in a work-related fight where you were a victim and did not participate in the fight, or were injured while exercising private defence, or instructed to break up the fight, safeguard life or property, or maintain law and order.
- Suffer medical conditions such as heart attack or stroke that are caused by a triggering event arising in the course of work.
- Sustain an injury while performing work related duties while on flexible work arrangements, including working from home, which is approved by your employer.

Scenarios not covered under WICA

You are **not covered under WICA** if you:

- Meet with a traffic accident while travelling in your own car, your friend's car, or public transport between home and workplace.
- Meet with a traffic accident while making a personal detour when travelling during work (e.g. detour for personal errand while travelling from workplace to venue for meeting), regardless of the mode of transport.
- Injure yourself while under the influence of alcohol or a prescription drug which was not prescribed by a doctor.
- Deliberately injure yourself or deliberately aggravate an existing injury.
- Injure yourself while doing non-work-related activities such as household chores, while on flexible work arrangements, including working from home.

 Related questions

[Can a migrant worker claim WICA compensation for COVID-19 infection if it was contracted while staying in dormitory?](#)

[If my employee suffers serious side effects related to the COVID-19 vaccine, can they make a work-injury compensation claim?](#)

[Can employees claim compensation for injuries resulting from work-related fights, especially if the fight was due to dispute over work-related matters?](#)

[If I suffer injury or illness due to hazy conditions, can I claim WIC compensation?](#)

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WICA versus common law

Employees injured at work can either claim under the Work Injury Compensation Act (WICA) or common law, but not both. There are key differences between the two approaches as well as deadlines for making and withdrawing claims.

Differences between WICA and common law

If you are an eligible employee who has suffered a work-related injury or illness, you can seek compensation through either the Work Injury Compensation Act (WICA) or common law, **but not both**.

The main differences between making a WICA claim and filing a civil suit under common law are as follows:

Question	WICA	Common law
Who do I make the claim with?	<p>You should notify your employer as soon as possible. No need to make claim with MOM as it is deemed made once you notify your employer of the accident.</p> <p>Your claim will be processed by Assistant Commissioners (Work Injury) from MOM or the <u>designated insurer</u> .</p>	<p>Make your claim with either the States Court or the High Court.</p> <p>Your claim will be decided by the judges from the court.</p>
Do I need a lawyer?	<p>No.</p> <p>It is optional to engage a lawyer as you don't need one to complete the claim process.</p> <p>MOM or the designated insurer will guide you through the process.</p> <p>However, such guidance and information are not intended as legal advice.</p>	<p>Yes.</p> <p>You need a lawyer and have to pay their legal fees.</p>
How much compensation will I get?	Amount of compensation is <u>based on a formula and has set limits</u> .	No limits on compensation amount, but you need to prove damages before the court.
Do I need proof to support my claims?	<p>You need to prove that the injury or disease was due to work, e.g. getting a memo from your treating doctor.</p> <p>You don't need to prove fault or negligence on anyone's part.</p>	You need to prove that your employer or a third party was at fault.
Can I claim under both WICA and Common Law?	<p>No.</p> <p>If you make a claim under WICA, you cannot make a claim for the same injury under common law.</p>	<p>No.</p> <p>If you make a claim under common law to court, you cannot make a claim under WICA for the same injury.</p>

Deadlines for withdrawing a claim or suit

You have **up to 1 year** from the accident to decide whether to claim under WICA or under common law.

For policies that started from 1 January 2021	Your claims will be processed by designated insurers. You can submit the withdrawal form to your designated insurer if you decide to withdraw the claim.
	<p>Note</p> <p>After the notice of computation is objected, the objection will be processed by MOM. You can notify MOM if you decide to withdraw the claim.</p>

Withdrawing a civil suit to file a WICA claim

If you want to withdraw your civil suit to claim under WICA, you need to make your WICA claim **within 1 year** from the date of the accident or diagnosis of illness.

Withdrawing a WICA claim to file a civil suit

If you want to withdraw your WICA claim, you can do so at any time before MOM issues your **notice of assessment (NOA) or notice of computation (NOC)**.

Only you, or your legal representative, can notify MOM or the designated insurer of the decision to withdraw a claim.

Once the notice of assessment or notice of computation has been issued, you can withdraw your claim:

- Within **14 days** from the date of service on the NOA or NOC, if there are no disputes.
- Within **28 days** from the date of service on the NOA or NOC, if there are disputes.

Note

If all parties accept the NOA or NOC, your employer (or the insurer, if applicable) is required to make payment **within 21 days** from the date of service of NOA or NOC. The case is then considered resolved, and you will no longer be able to claim under common law.

Related questions

[What should I do if I claimed WIC under common law but realised I'm unlikely to claim successfully?](#)

Who is covered in accordance with WICA

The Work Injury Compensation Act covers most employees against accidents at work, with some exceptions.

Who is covered

The Work Injury Compensation Act (WICA) covers any **local or foreign employee** who is under a contract of service or contract of apprenticeship, regardless of salary, age or citizenship.

It doesn't cover:

- Independent contractors and the self-employed.
- Domestic workers.
- Uniformed personnel – members of the Singapore Armed Forces, Singapore Police Force, Singapore Civil Defence Force, Central Narcotics Bureau and Singapore Prison Service.

Who can claim

You can claim for compensation if you have been injured or contracted a disease as a result of work.

You remain eligible to claim for compensation even if:

- You no longer work for the employer or your work pass is cancelled.
- The accident happened while you were on an overseas assignment.
- The accident happened while on a work from home or other flexi-work arrangement that you agreed with your employer.

Dependents of an employee who died because of a workplace accident can also make a claim on behalf of the employee.



Related questions

[I've suffered a work-related injury and am on medical leave under WICA. Am I still entitled to paid sick leave?](#)

What is the Work Injury Compensation Act (WICA)

Learn the key facts about Work Injury Compensation Act, including eligibility and the differences between WICA and common law.

Key facts

Who is covered	All employees regardless of salary level, with some exceptions .
What you can claim	Medical leave wages, medical expenses and lump-sum compensation for permanent incapacity or death. Learn about the types of compensation and their limits .
How to claim	Claims can be made up to 1 year from the accident. Learn about the claims processes for employees and for employers .
Related legislation	Work Injury Compensation Act 2019 ↗

What is the Work Injury Compensation Act

The Work Injury Compensation Act (WICA) lets employees make claims for work-related injuries or diseases without having to file a civil suit under common law. It is a low-cost and quicker alternative to common law for settling compensation claims.

You can claim under WICA if you were injured in a work accident or suffered a disease due to work. You don't have to engage a lawyer to file a WICA claim.



Related questions

[What are major injuries and minor injuries?](#)

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