

NOTIFICATION

General Information

iReport Ref No.	AC140513732
Notification Type	A WORK-RELATED ACCIDENT
Notification Received Date	16/06/2014
Informant Type	EMPLOYER AND OCCUPIER
Identification Type No.	NRIC / SXXX3183Z
Informant Name	NG KIOK WEE
Informant Contact No.	92265155
Informant Email	DAVE@BESTCOMETAL.COM.SG

About Your Organisation

Name of Organisation	BESTCO METAL PTE. LTD.
UEN of Organisation	200207805K
No. of Employees	20
Organisation Address	60 TUAS SOUTH AVENUE 2 TUAS BAY INDUSTRIAL CENTRE SINGAPORE 637527
Contact No.	67958217
Fax	-
Email	-

About the Accident

Date	03/06/2014
Time	12:30 PM
The accident happened at	AT PREMISES UNDER THE MANAGEMENT/CONTROL OF YOUR ORGANISATION
Workplace No.	-
Workplace Name	BESTCO METAL PTE. LTD.
Address of Accident Site	60 TUAS SOUTH AVE 2 SINGAPORE 637527
UEN of Accident Site	200207805K
About the type of accident	INJURED BY MOVING, FIXED OR STATIONARY OBJECTS / CAUGHT IN/BETWEEN OBJECTS (E.G. WORKER SANDWICHED BETWEEN MACHINE AND WALLS)
About the type of equipment or agencies that led to the accident	INDUSTRIAL MACHINES / TRANSMISSION MACHINES (E.G. BELTS, GEAR, CHAIN, PULLEY)
Accident Description	EMPLOYEE, MR XIE CHI, SENIOR MECHANICAL ENGINEERING TECHNICIAN WAS INJURED WHILE OPERATING THE SILVER RECOVERY LINE. HIS RIGHT INDEX FINGER TIP WAS TRAPPED BY THE ROTATING GEARS ATTACHED TO THE BARREL. THE ROTATING GEAR PROVIDES THE ROTATING MOTION TO THE BARREL FOR WASHING OF WASTES IN TANKS. THE WASTES WILL THEN BE UNLOADED AT THE END OF THE RECOVERY LINE. HOWEVER, WE ARE NOT ABLE TO ANTICIPATE THE POSITION OF THE OPENING OF THE BARREL. HENCE, THE BARREL WILL NEED TO REST ONTO 2 SUPPORTING ARMS

BEFORE THE EMPLOYEE ROTATE THE BARREL TO ALLOW THE OPENING OF THE BARREL TO FACE THE UNLOADING TRAY ON THE GROUND. THE INCIDENT OCCURRED WHEN THE BARREL SLIPPED OFF THE SUPPORTING ARMS DUE TO THE ROTATING MOTION. THE BARREL SLIPPED TOWARDS THE EMPLOYEE OPERATING THE CONTROL DEVICE. THE EMPLOYEE USES HIS HANDS TO BLOCK THE BARREL AND RESULTS TO HIS RIGHT HAND INDEX FINGER TIP BEING TRAPPED BY THE ROTATING GEAR. THE RIGHT SUPPORTING ARM WAS OBSERVED TO BE SLIGHTLY BENT. THUS, WE DEDUCED THAT THE SLIGHTLY BENT RIGHT SUPPORTING ARM MAY CAUSE THE ROTATING BARREL TO SWING DUE TO UNEVEN SUPPORT WHICH RESULTED TO THE BARREL TO SLIP OFF POSITION. THE FRESH OF THE TIP OF THE RIGHT INDEX FINGER WAS REMOVED BY THE ROTATING GEARS. FIRST AID WAS APPLIED TO THE EMPLOYEE TO PREVENT ANY INFECTION AND STOPPING THE BLOOD BEFORE SENDING TO NUH FOR DAY HAND RECONSTRUCTIVE MICROSURGERY AND WAS GIVEN 18 DAYS OF MC TILL THE NEXT REVIEW ON 16 JUN 2014. THE RECOVERY OPERATION WAS CEASED AND CONTRACTOR WAS CALLED IN ON THE SAME DAY TO EXAMINE THE RECOVERY LINE BEFORE RESUMING PRODUCTION. CONCURRENTLY, PRODUCTION MANAGER WAS TASKED TO CONDUCT A TOOLBOX MEETING FOR ALL WORKERS TO SHARE ABOUT THE INCIDENT AND ALSO TO RECAP THE SAFETY PROCEDURES WHILE OPERATING MACHINERIES. TWO METAL PLATES WERE WELDED TO THE END OF EACH SUPPORTING ARMS TO PREVENT THE BARREL FROM SLIPPING OFF. WORKING INSTRUCTIONS WAS ALSO UPDATED BY GM TO CAUTION WORKERS NOT TO STAND IN THE WAY OF THE BARREL WHILE IT IS ROTATING ON THE SUPPORTING ARMS AND TO MOVE IN TO OPEN THE BARREL FOR LOADING/ UNLOADING ONLY WHEN IT IS IN COMPLETE STOP. THE ABOVE MENTIONED UPDATE WAS THEN COMMUNICATED TO ALL WORKERS BY THE GM ON 4TH JUN 2014.

Was any person, including your employees, injured at the accident?

YES

About the Injured Person

Injured Person Details

Identification Type/No	FIN / G0090952T
Name	XIE CHI
Nationality	CHINESE
Date of Birth	18/06/1974
Gender	MALE
Race	CHINESE
Residential Address	60 TUAS SOUTH AVENUE 2 TUAS BAY INDUSTRIAL CENTRE SINGAPORE 637527

Contact No	67958217
Occupation	SENIOR MECHANICAL ENGINEERING TECHNICIAN
Employer Organisation Name	BESTCO METAL PTE. LTD.
Employer Mailing Address	60 TUAS SOUTH AVENUE 2 TUAS BAY INDUSTRIAL CENTRE SINGAPORE 637527
Start Date of Employment	13/01/2014
Average Monthly Earnings	\$2,100.00
Percentage of manual work performed by the injured person	EQUAL OR MORE THAN 50%
Did the accident result in death of the injured person?	NO

Nature of Injury	Body Part Injured
(1) OTHERS - FRESH WAS REMOVED FROM THE TIP OF RIGHT INDEX FINGER	(1) HAND (RIGHT)

Was the injured person hospitalised for more than 24 hrs?	NO
No. of days of medical leave	18
Hospital/Clinic where the injured person was examined or treated	NATIONAL UNIVERSITY HOSPITAL (SINGAPORE) PTE LTD
What time did the injured person start work on the day of the accident?	8:00 AM
Was the injured person working overtime when the accident took place?	NO
Was the person injured while performing official duty?	YES
Name of Insurer	TENET SOMPO INSURANCE PTE LTD
Insurance Policy No.	DB4/110/00510

You are deemed to have authorised MOM to give notice of this notification to your insurer in writing on your behalf, in accordance with your obligations under Section 12(1) of the Work Injury Compensation Act.

Please be informed that the insurer may request additional information from you for the purpose of processing the claim.

Please note that this report may have been amended since first submission to MOM, incorporating updates or clarifications provided by the informant. Should there be any doubt on the accuracy of any part of the report, the user should seek clarification with the informant directly.

How to update the report:

1. Go to www.mom.gov.sg/ireport.
2. Select "Amend Submitted Incident Report".