

MOH HOLDINGS PTE LTD

CLAIM FORM FOR NON-PHYSICAL INJURY EG. NEEDLESTICK INJURY

Name : _____ Designation : _____
NRIC : _____ Institution/Dept : _____
Employee No. : _____ Date joined : _____
Contact No. : _____

PART 1

Date of Incident : _____
Place of Incident : _____

Brief Description of Incident

PART 2

Attended Doctor : _____
Attended Hospital/Clinic : _____
Date of visit : _____
Total Medical Bill : S\$ _____
Receipt Number : _____
Follow Up Visit : Yes No
Medical Leave : Yes No
If Yes, number of days given : _____

(please submit your medical cert together with the claim)

I declare that the particulars provided are true and to the best of my knowledge and belief.

Signature of Employee

Name/Signature of Employer

Date