Labour Affairs Bureau

Online Work Accident Notification System

User Guide

(Click the Link Below to the Relevant Part)

Part I: Introduction	pg.2
Part II: Report a Work Accident	pg.3
Part III: Edit and Delete the Work Accident Data Before Submit	pg.10
Part IV: Notice	pg.14

Part I: Introduction

The Online Work Accident Notification System is introduced by the Labour Affairs Bureau to help employers reporting Work Accident in a timely and more convenient way.

Part II: Report a Work Accident

- 1. Go to the Online Work Accident Notification website https://www3.dsal.gov.mo/InjuryOnline/Declaration
- 2. Select Language (as shown in the red circle)

	=	Online Work Accident Notification	ige
Notification		Personal Data Collection Statement	
 ♥ User Guide ♣ DSAL Info. 		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 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 or in writing. In compliance with legal obligations, the DSAL may transfer the personal data provided by the person filling out this form to the interested parties of the case and the persons involved in the handling process of the case or other administrative organs, judicial organs, etc. This online reporting form uses the Secure Sockets Layer (SSL) technology to protect the transmission of personal data over the Internet. However, the transmission of relevant data over public networks still poses some risks as it may be seen and used by unauthorized third parties. If the user feels unsafe, please adopt other methods to send the DSAL the information other than the Internet.	
		دل Start	
ф PT EN			

3. Please refer to User Guide when necessary

DSRL	3	Online Work Accident Notification	Canguage
Notification		Personal Data Collection Statement	
 User Guide DSAL Info. 	ř	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 proce 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 DSAL. To exercise the right of access, the person filling out this form shall apply in writing to the DSAL. The person and the person filling out this form may paply to the DSAL. Determine the 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 the interested parties of the case and the persons involved in the handling process of the case or other administrative organs, judicial organs etc. This online reporting form uses the Secure Sockets Layer (SSL) technology to protect the fransmission of personal data over the Internet. However, the transmiss of relevant data over public networks still poses some risks as it may be seen and used by unauthorized third parties. If the user feels unsafe, please adopt other methods to send the DSAL the information other than the Internet.	ess the s s, ion
		NO Start	
I PT EN			-

4. Start to report – there are 45minutes for each section Click " th Start" and " [∠] Next" to report a work accident

	Online Work Accident Notification
Notification	You have 45minutes to complete each section ement
Ø User Guide	The person filling out this form acknow of the work-related injury case filed in the head line of the work-related injury case filed in
🖨 DSAL Info, 🗸	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 the interested parties of the case and the persons involved in the handling process of the case or other administrative organs, judicial organs, etc.
	This online reporting form uses the Secure Sockets Layer (SSL) technology to protect the transmission of personal data over the Internet. However, the transmission of relevant data over public networks still poses some risks as it may be seen and used by unauthorized third parties. If the user feels unsafe, please adopt other methods to send the DSAL the information other than the Internet.
	start 1
中 PT EN	

5. Fill in the employer information

Fill in all the information. After confirmation, click "Save" and "Yes" to save employer details

	Online Work Accident Notific		Q Language
	Step 1/3: Employer Details	Save the employer details?	
Notification	*Employer Name	CHEN DA MING	
User Guide	*Company Name	∠Yes × No	
# DSAL Info. 🗸	Person-In-Charge	CHAN XIU MING	
	*Company Address	123 Estrada de Coelho do Amaral, G/F, Macao	
	*Company Phone No.	28196542 Fax 28196543	
	E-mail	CHANKEI@EMAIL.COM	
	*Submitter / Contact Person	David Lee *Submitter /Contact No. 28196544	
	*Verification Code	31269	
		Click to Refresh	
		31269	
	Required : Em *Required Fiel	loyer Name or Company Name	
	Required Files	M Save1	
中 PT EN			

6. Fill in the injured and accident information

			O Mala O Female		
*Chinese Name		*Gender	O Male O Female		
*Foreign Name					
"Date of Birth	DD/MM/YYYY	*Employee Type	Resident Non-resident		
*I.D. Type	Macao SAR Resident Identity Card	*Place of Origin	Macao		
*1.D. No.					
Address					
*Local Mobile No.		*Other Contact No.			
*Position					
Hiring Date	Day Month Year				
Latest 3 Months Salary	The Latest Mc S S				
Required : Local Mobile No. or Of Accident Details *Place of Accident	gin Name				
*Date of Accident	DDMM/YYYY	Time of Accident	24 Hours: Minutes		
Accident Occurred	During Working Hours				
	On the Way to Work				
*Part(s) of Body Injured	Leaving Work Head Eye		Neck		
	🛛 Arm 🔲 Har	ıd	Trunk		
	Leg Foc Others	t			
	Please Specify:				
*Cause(s) of Accident	Fall from Height Fall an Level Ground				
	Fall of Object	Save the notification?			
	Stepping on or Striking Against Object Clamp, Stab or Cut				
	Overexertion or Sprain		2 <u>⊻Yes</u> × No		
	Exposure to or Contact with Extreme Temperatures				
	 Contact with Electrical Current Exposure to or Contact with Harmful Substance and Radioactiv 	e Substance			
	Injured by Animal				
	Injury Caused by a Means of Transportation and the Undertakin Assident Occurred on the Way to and from Work While Turboo	ig of Labour Activities			
	 Accident occurred on the Way to and from Work While Travellin Accident Occurred on the Way to and from Work While Travellin 	ig to and from the Workplace by the Me	ans of Transport Provided by the Employer		
	Accident Occurred on the Way to and from Work While Travelling	ng to and from the Workplace by the Me	ans of Transport not Provided by the Employer		
	Other Accidents Occurred on the Way to and from Work Please Specify:				
	Others				
	Please Specify:				
Medical Treatment	© Yes © No ⊛ Unknown	Hospitalization	© Yes © No ⊛ Unknown		
Day(s) of Absence	Yes Day(s) No Unknow	'n			
Brief Description of Accident					
Photos Contra					
"Verification Code	07797				
	Click to Refreeb				
	Click to Reliesh				
 *Required Fields 					



8. After saving notification, confirm all information is correct before submit

	Online Work Accident Notification		Q Language
	✓ List of Injured		0
R Notification	Search:		
A Liner Quide	Injured	11. LD. No.	u v
User Guide	丁傑	55520123	🛍 Delete 🖍 Edit
# DSAL Info. 🗸			
	Confirm Submit Next Notification		
d PT EN			
			•

(1)A. On the notification checking page, click "2", or

(1)B. On the notification **reporting page** , click "🔛"

	Submitter /Contact No. 23	3196544			
Solution	Submit Work Accident Notification.				
User Guide	Confirm Submit				
🖶 DSAL Info. 🗸	✓ List of Injured				0
	Search:				
	Injured	11 I.D. No.			11 11
	丁偉	55520123	3		Delete /Edit
	L Injured Details				
	*Chinese Name		*Gender	Male Female	
	*Foreign Name				
	*Date of Birth	DD/MM/YYYY	*Employee Type	 Resident Non-resident 	
	*I.D. Type	Macao SAR Resident Identity Card	*Place of Origin	Macao	T
	"I.D. No.				
	Address				
	"Local Mobile No.		"Other Contact No.		
	-Position	Day Month Year			
	Hing Date				
	Latest 3 Months Salary	S The Latest MC S S			
中 PT EN	Received Objects Name of Family	- Manue			-

(2). After clicking "2", check the employer and the accident information in the

 ※ 剪下 □	Arial	$\begin{array}{c} \bullet & \bullet \\ \bullet \\$	 ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	目 3 ▼ \$ ▼ % 3 5%。 15 数値	▼ 20 20 20 20 20 20 20 20 20 20	 ↓ ↓ ↓ ↓	 ▲ 自動加線 ~ ▲ 自動加線 ~ ● 填滿 ~ ▲ 遺除 ~ 	▲ 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	
5-0-	💉 🛕 = % 🕅 💼	🖾 4 Ω 🛅 🍸 🛛	$\blacksquare \blacksquare \oslash \pi \blacksquare$	<u>∧</u> - <u>∧</u>					
-	$X \checkmark f_x$ En	aployer Details							
A	В	С	D	E	F	G	Н	I	J
mployer De	atails				-				
mployer Na	me Person-In-Charg	je Company Name	Company Address	Company Phone No	Fax		Submitter / Contact	Submitter /Contact	No.
HEN DA MI	NG CHAN ATO MING	CHEN KEI METAL O	2 123 Estrada de Coeino	0/28190342	28190343	CHANKEI@EMAIL.C	David Lee	28190344	-
jured Deta	dils								
hinese Na	ne Foreign Name	Date of Birth	Gender	Employee Type	Place of Origin	I.D. Type	I.D. No.	Address	Local Mobile N
"偉	DENG WEI	22/08/1991	Male	Resident	Macao	Macao SAR Resident Id	55520123	澳門墨爾本街165號第	# 66782254

exported EXCEL table

 Before submitting the notification, you can edit or delete the work accident data. Please refer to <u>Part III: Edit and Delete the Work Accident Data Before Submit</u>

- 10. After confirming all work accident information is correct,
 - A. On the notification <u>checking page</u>, click " Confirm Submit" and " <u>Confirm Submit</u>" to submit the notification, or



B. On the notification <u>reporting page</u>, click " Confirm Submit" and " Confirm Submit" to submit the notification

1.1.1.1			
	Submit Work Accident Notification.		
		All data have been checked and confirmed to submit?	
Notification	Confirm Submit		
 User Guide 	And that we believe at	2 Confirm Submit × Back	0
# DSAL Info. 🗸	List of injured		
	Search:		ß
	Injured	41. LD. No.	11 11
	丁偉		Telete /Edit
	Linjured Details		
	"Chinese Name	*Gender [©] Male [©] Female	
	*Foreign Name		
	*Date of Birth	DD//M/YYYY *Employee Type © Resident © Non-resident	
	*I.D. Type	Macao SAR Resident Identity Card	۲
	*I.D. No.		
	Address		
	*Local Mobile No.	"Other Contact No.	
	*Position		
	Hiring Date	Day Month Year	
	Latest 3 Months Salary	S The Latest Mc S S	
中 PT EN	Required : Chinese Name or Foreign Required : Local Mobile No. or Other	Name Contact No.	

11. After successful reporting,

(1). Click " Print Receipt & Notification " to print out the work accident notification receipt and the work accident notification form(s)

				.,		
	Online Work A	ccident Notification				
15 ML	Step 3/3:					
otification	Work Accide	ent Notificat	ion Receipt			
lser Guide						
il lofo	Receipt No.		000035/2019			
1110. V	Date and Time of Sub	omission	09/08/2019 16:04			
	Employer Name		CHEN DA MING			
	Company Name		CHEN KEI METAL & ENGINEERIN	4G		
	Record No.	Injured		I.D. No.	Date of Accident	
	00048/2019	丁偉 DENG WE	l .	55520123	08/08/2019	
	Print Receipt & Noti	fication				

(2). On the pop-up page, click "Print" to print out the work accident notification receipt and the work accident notification form(s)

	ident Notificatio	on Receipt		Injured	Details			
and the				Name (Ch	inese) 丁億	(Foreign) DENG WE	1	
eceipt No.				Date of Bit	nk 22 / 08 / 1991	Gender 28 Male	Female	Place of Origin Macao
00035/2019	uhmission			Resider	t 🗆 Non-resident	LD. Type : BIR		LD. No.: 55520123
ate and Time of 5	domission			Address	資料量算者表300.就資料在國200ge			
5/00/2019 10:04				Local Mob	ile: 66782254		Other Contact	No.: 28461234
JEN DA MINC				Position:	Clark		Hiring	Date: (Day) 01 (Meeth) 03 (Year) 2018
moany Name				Latest 3 M	onthe Salary: \$ 14500 /s 14	500 /s 14500		
IEN KEI METAL &	ENGINEERING			Employ	er Detaik			
	EnditLening			Name of F	CHEN DAMING			
and Ma	Internet	LD No.	Data of Assidant	Newson	CHEN KEINETAL & ENGINEER	NG	Name of Damas In Che	CHAN XUJ MING
cord No.	injured	1.D. NO.	Date of Accident	Manu or C	123 Estrada da Coelho do Am	ral, G.F. Macao		-9-
348/2019	J 億 DENG WEI	55520123	08/08/2019	Address	28196542	2819654	1 -	· CHANGENDERING COM
				Phone No.	Come Dance David Lar	Past Pio.:	E-s	2810E544
				Submitter	Consist Person:		Submitter /Contact	IND.: 444-5044
				Acciden	t Details			
				Place of A	coldene on 2010		-	
				Date of Ac	cidene: 00 / 00 / 2013		Time of Acciden	e 11 22
				Accident C	Accurred: 28 During Working Hours	On the Way to Work	k D Leaving Work	rk .
				Brief Desc	ription of Accident:			
							Manufaction (
				Medical II	estment N Yes LINo LIU	Anown	Hospitalization.	Li Yes 20 No Li Unknown
				Lug(s) of a	discisce: pa res, a disy(s)			
					a Breakly of Bride Island forda		data barriero de	
				Indicate th	te Part(s) of Body Injured [please	mark "X" in the approp	riate box(es))	
				Indicate th	te Part(s) of Body Injured [please	mark "X" in the approp	riate box(es)]	
				Indicate the Indic	he Part(s) of Body Injured (please	mark "X" in the approp □Eye El Arm	riate bes(es)) Neck Torso	
				Indicate ti D Head D Hand D Leg	ic Part(s) of Body Injured (please	mark "X" in the approp Eye El Arm Foot	riate bes(es)) Neck Torso Others. Please	as Specify
				Indicate et Head Hand Leg Indicate d	ie Part(s) of Body Injured (please ie Cause(s) of Accident (please mi	mark "X" in the approp □ Eye ⊠ Arm □ Foot ark "X" in the appropria	riate bes(es)] Neck Tosso Others. Pleas te bes(es)]	se Specify
				Indicate of Head Leg Indicate 0	te Part(s) of Body Injured [please te Cause(s) of Accident [please mi n Height	mark "X" in the approp □ Eye ⊠ Arm □ Foot ark "X" in the appropria	riate bes(es)] Neck Torso Others. Pica te bes(es)] Fall on Level	ne Specify
				Indicate d Head D Head Leg Indicate d Pail for Pail for	ne Part(s) of Body Injared [please ne Cause(s) of Accident [please mi n Height	mark "X" in the approp □ Eye ⊠ Arm □ Foot rk "X" in the appropria	riate box(es)) Neck Tosso Others. Pleas te box(es)) Fall on Level E Stepping on o	er Specify Ground # Striking Against Object
				Indicate d Hand I hand I hand	ne Part(s) of Body Injared [please ne Canse(s) of Accident [please mi n Height Spin: Stab or Cut	mark "X" in the approp E Ryc 27 Ann 27 Foot rk "X" in the appropria	riate box(es)] Neck Tosso Others. Pleas te box(es)] Fall on Level Stepping on o Overexetion	nt Specify Ground or Specing Against Object or Specin
				Indicate di Head I legi Indicate d I fait for I fait for I comp. I Comp.	ne Paret(s) of Body Injarced [please ne Canse(s) of Accident [please m i Height Spinst Salb or Cat to or Contact with Estreme Tempe	mark "X" in the approp E Ryc 25 Arm 2 Foot rk "X" in the appropria	riate bus(es)) Neck Tosso Others. Pleas te bus(es)) Fall on Level Stepping on o Overesention Contact with	n Specify Ground e Striking Against Object of Specifi Electrical Current
				Indicate d Head Lag Indicate d Fill of Charp, Charp, Espons	he Part(s) of Body Injarcel [please he Canse(s) of Accident [please mu n Height Ngint Salo or Cut n to or Contact with Elarenda Tempe t or or Contact with Elarenda Salosa	mark "X" in the approp Eye S Arm Foot rk "X" in the appropria stores xce and Radioactive Substa	riate ben(es)] Prock Tosso Others. Please te ben(es)] Pall on Level Stepping on Overwartion Overwartion Concars with ance Injured by An	e Spools Ground S Striking Against Object of Sposia Electrical Current inal
				Indicate d Netad I Anad I Anad I Anador I Anador I Anador I Chanyo I Chany	ne Pareto)) of Body Injared (please ne Canset()) of Accident (please mu a Height Stab or Cat to or Contact with Extreme Transport ne to or Contact with Harmful Stabou a to or Contact with Harmful Stabou	mark "X" in the approp Bye Arm Poot rk "X" in the appropria miners ace and Radioactive Substa and the Understaing of Lab	riate bes(es)] Rek Broke Bro	n fyncify Grund Srikile ganiar Object of Spain Bestoid Carrent Intil
				Indicate d Indicate d	the Parels) of Body Injared (please the Canne() of Accident (please mi beight Rijsch Salo of Cat to of Costact with Extreme Tampe to or Costact with Extreme Tampe atom of Costact with Extreme Tampe atom of Costact with Extreme Tampe to concern a start way to and from the	mark "X" in the approp Eye S Arm Foot rk "X" in the appropria natures tores and Radioactive Substa and the Undersking of Lab.	riate box(cs)) Prock Tosso Others, Plane te box(cs)) Fall on Level Stepping on o Oversaction Contact with nce Injued by An orar Arthrites	n Spoolly Ground Ground Theorised Correst intel Mod
				kadaset et Haal Haal Fall Fall of Charp, Equence Equence Equence Solid of Soli	the Parenci of Biody Ingared (please the Cannoc()) of Actident (please mu Height Right State or Cost to a Costant Mi Extreme Tempe to or Costant Wi Extreme Tempe to or Costant Wi Extreme Tempe to or Costant on the Way to and firm W	mark "X" in the appropriate of the properties of the appropriate of the appropriate of the appropriate of the appropriate of the Undertaking of Little of Wilde Torowille to non	riate box(cs)] I Neck Desco Others. Pleas Others. Pleas Others. Pleas Others. Pleas Others. Pleas Stepping on o Overesation Overesation Overesation Overesation Overesation No.8 or Activities No.8 or Advort is Holisis	es Specify Stroking Against Oljent of Special Stroking Against Oljent Stroking Against Instal
				i kada de la	the Parenci) of Budy Injared [plane are Canes(s) of Accident [plane mu Bingin Najor Stabe or Cut is or Contact with Extreme Tampe to or Contact with Extreme Tampe to or Contact with Extreme Tampe to Contact on the Way to and from V Occurred on the Way to and from V	mark "X" in the approp Bye SAm Prot res res res and Radioactive Substa net and Radioactive Substa net and Radioactive Substa res res and Radioactive Substa res res and Radioactive Substa res res res res res res res res	riate best(m)] Prock Torso Others Pleas te best(m)] Pall on Level Stepping on o Overesettion Overesettion Overesettion Contact with stepping by An our Activities No.8 or Above in Haini If from the Workplaceby	er Spoolly Ground Ground Electrical Correct inni M M M M Groupper Provided by the Propherer the Manuar of Transport Provided by the Propherer
				kadaset e haal haal a a a a a a a a a a	the Parels) of Body Ingered (please are Canase()) of Accident (please mu Neight Shipet Shipet Shipet Shipet The or Cortace with Flarendi Shina annel by a Manne of Transportation O Coursed on the Way to and finus V Coursed on the Way to and finus V Coursed on the Way to and finus V	mark "X" in the appropriation of the property	riate bas(es)] Nack Doso Dobes: Pleas to bas(es)] Pail on Level Stepping on o Corecention Corecention Dobes: Pleas to bas(es) Plaine Stepping on o Corecention Dobes: Plaine Dobes:	es Specify Straking Against Object of Spains Historical Cartest And Cartest Million Million Cartosport Provided by the Englage the Manus of Transport Provided by the Englage
				i kada de la literat i literat Larg kadicante di Chany Chany Espons Espons Espons Chany C	the Farst(s) of Body Ingered (please et Canne(s) of Accident (please an i-Bidgit Rala or Cut to or Costace with Flarende Talope et as or Costace with Flarende Talope atom or Costace with Flarende Talope Automotion Costace and the Way on add from V Coccumed on the Way on add from V Coccumed on the Way on add from V	mark "X" in the appropriation of the pro- order of the pro- order of the appropriation of the appropriation of the appropriation of the appropriation of the Undersking of Lab bork While Typhono Signal took While Typhono Signal took While Typhon Signal took While Typhon Signal from Work. Please Specify	riate bes(es)] Neck Tosso Tosso Others. Pleas Research Stepping on 0 Others. Pleas Research Resea	er Sposify Ground Electrical Correct inal electrical Correct inal the Manus of Transport Rev Vidal by the Employeer the Manus of Transport Rev Vidal by the Employeer
				kadada di Intal Intal Intal Intal Intal de Change Intal de Ch	se Canacci) of Andria Enjande (planer m Schight Schight,	mark "X" in the approp Byo E Arm Prot rk "X" in the appropria rk "X" in the appropria natures and the Understaing of Lab Walke Travelling to and fok Walke Travelling to and fok Walke Travelling to and	riste bes(es)] riste bes(es)] Nock Tosso Othes. Pleas te bes(es)] Fall on Level Steppene Contact with acc Doversention Contact with No.8 or Above is Hoist from the Wedsplaceby from the Wedsplaceby	es Specify Stroking Against Oljest of Spans Electrical Cartest And Million Million (Manus of Transport Provided by the Engloyer the Manus of Transport and Provided by the Engloy
				kadia di di kadi di di kadi di di kadia di di kadia di kadia di kadia kadia kadia kadia kadia kadia kadia	we have to at Budy Injured (plane an Internet) of Audions (plane an Budy) Budy of the second second second second Budy of the second second second second second second second second second second Automation of the Sing second second second Contents of the Sing second second second Second second second second second second Second second second second second second second Second second second second second second second Second Second	mark "X" in the approp Byo E Arm Foot rk "X" in the appropria stores nor and Radioactive Substa nor and Radioactive Substa tork Walte Trophons Signal Kork While Trophons (signal tork While Trovelling to and from Wark. Please Specify	riste bes(es)] Neck Tosso Others Plan Ebsio Stepping on 0 Fall on Level Stepping on 0 Overexation Ov	e Specify Ground Schicka Against Object of Specia Exected Current Anna nd the Manue of Transport Providal by the Employer the Manue of Transport may brooking by the Employer Date of Robustations.
				la Madia de La que como de la martín de la martí	we have of Bioly layered (plane as Canoth) of Antidott (plane as high) Nation (Antidott (plane)) Biol of Antidott (plane) Biol of Antidott (plane) Biol of Antidott (plane) Biol (plane) Constant of the Way is and from Y Constant on the Way is and from Y	mark "X" in the appropri- Byo SA Arm Foot Arm Arm Arman Foot Arm Arman	Hate bes(m)) Nekk Diske Disk	er Spochy Ground Stochaya Apalana Olyansi er Sposia Filteristical Carronsi and the Manne of Thianguest Real Provided by the Trapic for Manne of Thianguest and Provided by the Trapic Manne of Scholarshim (1999) (1994) Date of Edministration (1994) (1994) Universe Stochastical Stochastical Stochastical Stochastical Stochastical Transmission (1994) (1994

Part III: Edit and Delete the Work Accident Data Before Submit

- 1. Edit employer information
 - (1). On the notification <u>reporting page</u>, click "^{CEdit}" to edit employer information before submit

	Online Work Accident Notifi	cation		Q Language
	Step 2/3:			\frown
	✓ Employer Details			✓ Edit
Notification				
O User Guide	Employer Name	CHEN DA MING		
# DSAL Info. 🗸	Company Name	CHEN KEI METAL & ENGINEERING		
	Person-In-Charge	CHAN XIU MING		
	Company Address	123 Estrada de Coelho do Amaral, G/F, Macao		
	Company Phone No.	28196542		
	Fax	28196543		
	E-mail	CHANKEI@EMAIL.COM		
	Submitter / Contact Person	David Lee		
	Submitter /Contact No.	28196544		
	Submit Work Accident Notification.			
	Confirm Submit			
	✓ List of Injured			0
	Search:			
	Iniurad		IL LD No.	
			55520123	⇒i ⇒i matrix de la constante
	2.00		00020120	
中 PT EN	1 Injured Details			-

(2). After edit and confirm the information is correct, click " Save " and " Yes " to save changes

E X B A R	Online Work Accident Notific	ation		-	Q Language
	Edit Employer Details				
		Confirm to edit employer deta	uils?		
Notification	*Employer Name	CHEN DA MING			
O User Guide	*Company Name	CHEN KEI METAL &			
# DSAL Info. 🗸	Person-In-Charge	CHAN XIU MING			
	*Company Address	123 Estrada de Coelho do Amaral, G/F, Macao			
	*Company Phone No.	28196542	Fax	28196543	
	E-mail	CHANKEI@EMAIL.COM			
	*Submitter / Contact Person	David Lee	*Submitter /Contact No.	28196544	
ф PT EN	Required : Emp Required Field 1	oyer Name or Company Name 9 Pictro X Cancel			

2. Edit the injured or work accident information

(1)A. On the notification **checking page**, click "Fedit" to edit the injured or work accident information, or

	Online Work Accident Notification		🛛 Language
2000	✓ List of Injured		0
Notification	Search:		
 User Guide 	Injured	↓ I.D. No.	ii ii
🖶 DSAL Info. 🗸	丁偉	55520123	₩Delet ×Edit
	Confirm Submit >> Next Notification		
中 PT EN			

(1)B. On the notification **reporting page**, click "Fedit" to edit the injured or work accident information

	Submitter /Contact No. 2	18196544			
 Notification User Guide 	Submit Work Accident Notification. Confirm Submit				
🖷 DSAL Info. 🗸 🗸	✓ List of Injured				0
	Search:				
	Injured	[造 LD. No.			JI
	丁偉	55520123			
	Injured Details				
	IChinasa Nama		Conder	0 Malo 0 Fomalo	
	*Foreign Name		Gender	• Male • Female	
	*Date of Birth	DD/MM/YYYY	*Employee Type	© Resident © Non-resident	
	*I.D. Type	Macao SAR Resident Identity Card	*Place of Origin	Macao	Ŧ
	"I.D. No.				
	*Local Mobile No.		*Other Contact No.		
	*Position				
	Hiring Date	Day Month Year			
	Latest 3 Months Salary	S The Latest Mc S			
中 PT EN	Desident Objects Name of Family				

(2) After edit and confirm the information is correct, click "Save" and "Yes" to save changes

Edit Notification Details			
1 Injured Details			
"Chinese Name	丁偉 *Gender	Male Female	
*Foreign Name	DENG WEI		
*Date of Birth	22/08/1991 *Employee Type	 Resident	
*I.D. Type	Macao SAR Resident Identity Card Place of Origin	Macao	
*1.D. No.	55520123		
Address	演門壓爾本街165號演洲花園28樓c		
*Local Mobile No.	66782254 *Other Contact No	28461234	
*Position	Clerk		
Hiring Date	1 Day 3 Month 2018 Year		
Latest 3 Months Salary	\$ 14500.0 \$ 14500.0 \$ 14500.0		
Descind Objects New	n Frederik		
Required : Chinese Nam Required : Local Mobile !	or Foreign Hame), or Other Contact No.		
Accident Details			
	office		
*Place of Accident	Ource Control of Contr	17.05	
*Date of Accident	U8/U8/2019 Time of Accident	17:26	
Accident Occurred	During Working Hours		
	Chitne way to work		
*Part(s) of Body	Head Eye	Neck	
Injured		Trunk	
	Eleg Foot		
	Please Specify		
*Cause(s) of Accident	Fall from Height		
	Fall on Level Ground Eall of Object	A Information	
	 Stepping on or Striking Against Object 	Confirm to odd the polification?	
	Clamp, Stab or Cut	Commit to call are nonication?	`
	Overexertion or Sprain	2	⊻Yes X No
	Exposure to or Contact with Extreme remperatures Contact with Electrical Current		
	Exposure to or Contact with Harmful Substance and Radioactive Substance	8	
	Injured by Animal		
	Injury Caused by a Means of Transportation and the Undertaking of Labour Assident Occurred on the Way to and from Work While Typheon Signal No.	Activities	
	 Accident Occurred on the Way to and from Work While Travelling to and from 	m the Workplace by the Means of Transport Provided	
	by the Employer		
	 Account Occurred on the Way to and from Work While Travelling to and fro Provided by the Employer 	m the workplace by the Means of Transport not	
	Other Accidents Occurred on the Way to and from Work		
	Please Specify:		
	Others		
	Please Specify:		
Medical Treatment	Ves © No © Unknown Hospitalization	● Yes ● No ● Unknown	
Day(s) of Absence	Dav(s) o the o the least		
Day(3) of Abselice			
Brief Description of Accident	ngnt arm		
Required Fields			
• "Required Fields			
• "Required Fields Market Save Cancel			

- 3. Delete the injured and work accident information
 - A. On the notification checking page, click "Delete" and "Yes" to delete the data, or

0581	Online Work Accident Notification	A Information	Q Languag	e
	← List of Injured		0	
Notification	Search:	Are you sure to delete the data?	D	
 User Guide 	Injured	2 ¥ Yes ¥ No	11 11	
	丁倖		∎Delete ✓Edit	
₩ DSALInto. V	Confirm Submit		1 LANCE F DA	
中 PT EN				

B. On the notification **reporting page**, click "Delete" and "

2.CP.4.N	Submitter /Contact No. 2819	6544	
		Are you sure to delete the data?	
 Notification User Guide 	Confirm Submit	2 × Yes × No	
4 DOM 1-6			
W USALINIO. 🗸	✓ List of Injured		U
	Search:		
	Injured		11 11
	丁偉		Telete /Edit
	L Injured Details		1
	*Chinese Name	*Gender © Male © Female	
	*Foreign Name		
	*Date of Birth	20//M//YYY *Employee Type Resident Non-resident	
	"I.D. Type	Macao SAR Resident Identity Card	۲
	"I.D. No.		
	Address		
	*Local Mobile No.	*Other Contact No.	
	*Position		
	Hiring Date	Day Month Year	
	Latest 3 Months Salary	S The Latest Mc S S	
ф PT EN			

Part IV: Notice

- 1. Items with " * " are required fields
- 2. Employer information
 - (1). Natural person (Employer of domestic helper)
 - Employer Name : Please fill in the employer name of domestic helper (e.g. Li Ming)
 - (2). Natural person (sole proprietor)
 - Employer Name : Please fill in the name (e.g. Li Ming)
 - Company Name : Please fill in the business name (e.g. Ming Ming Metal & Engineering, Ming Ming Food and Drink, etc)
 - (3). Legal person (company or other organization)
 - Employer Name : Please fill in the name as it appears on the certificate of company establishment or amendment
 - Company Name : Please fill in the name as it appears on the certificate of company establishment or amendment
 - (4). Non-profit association
 - Employer Name : Please fill in the registered name
- 3. Injured information
 - (1). Chinese Name, Foreign Name: one must be provided
 - (2). Chinese Name : Chinese charaters only
 - (3). Foreign name : Each name string must be separated by a space (e.g. CHAN TAI MAN), if "," is used, it should be separated by a space after "," (e.g. MA, CHO CHA MA)
 - (4). Local Mobile No., other Contact No. : one must be provided
 - (5). Type of document : When selecting "Others", the type of document should be specified
 - (6). Place of Origin : When selecting "Others", the place of origin should be specified
 - (7). Latest 3 Months Salary : The basic remuneration for the three months prior to the month of injury

- 4. Accident information
 - (1). Part(s) of body injured : When selecting "Others", the part(s) of body injured should be specified
 - (2). Cause(s) of accident : When selecting "Others", the cause(s) of accident should be specified
 - (3). Brief description of accident : within 200 characters, for filling in accident descriptions and other supplementary information