

# Labour Affairs Bureau

## Online Work Accident Notification System

### User Guide

(Click the Link Below to the Relevant Part)

<a href="#">Part I: Introduction</a> .....	pg.2
<a href="#">Part II: Report a Work Accident</a> .....	pg.3
<a href="#">Part III: Edit and Delete the Work Accident Data Before Submit</a> .....	pg.10
<a href="#">Part IV: Notice</a> .....	pg.14

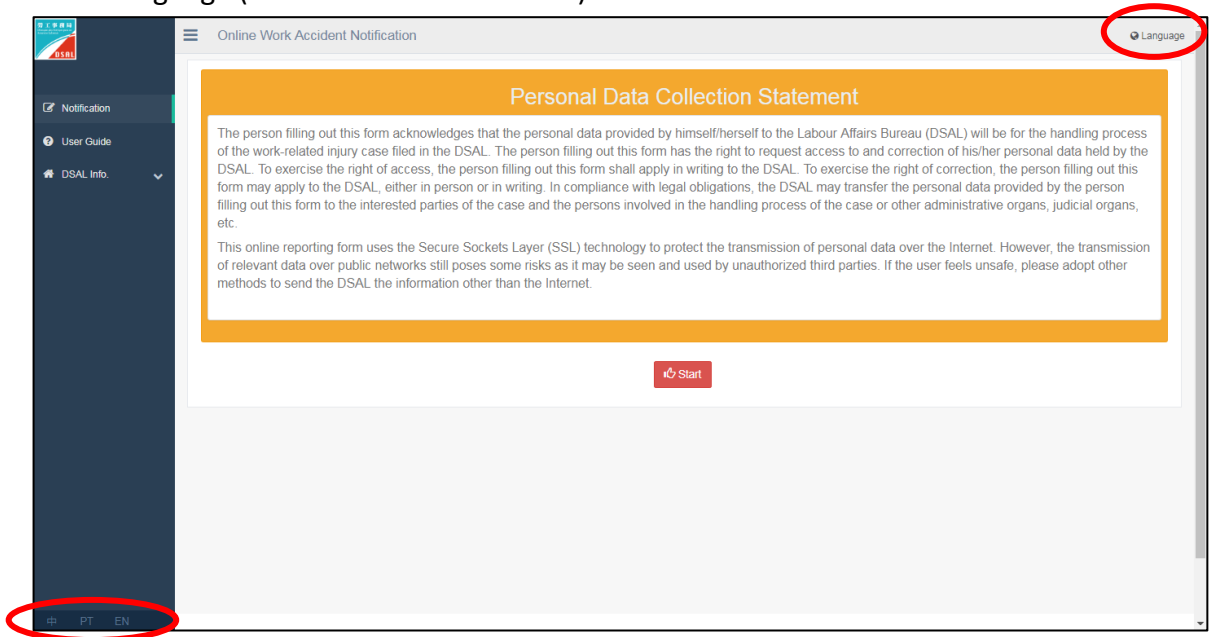
## Part I: Introduction

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.

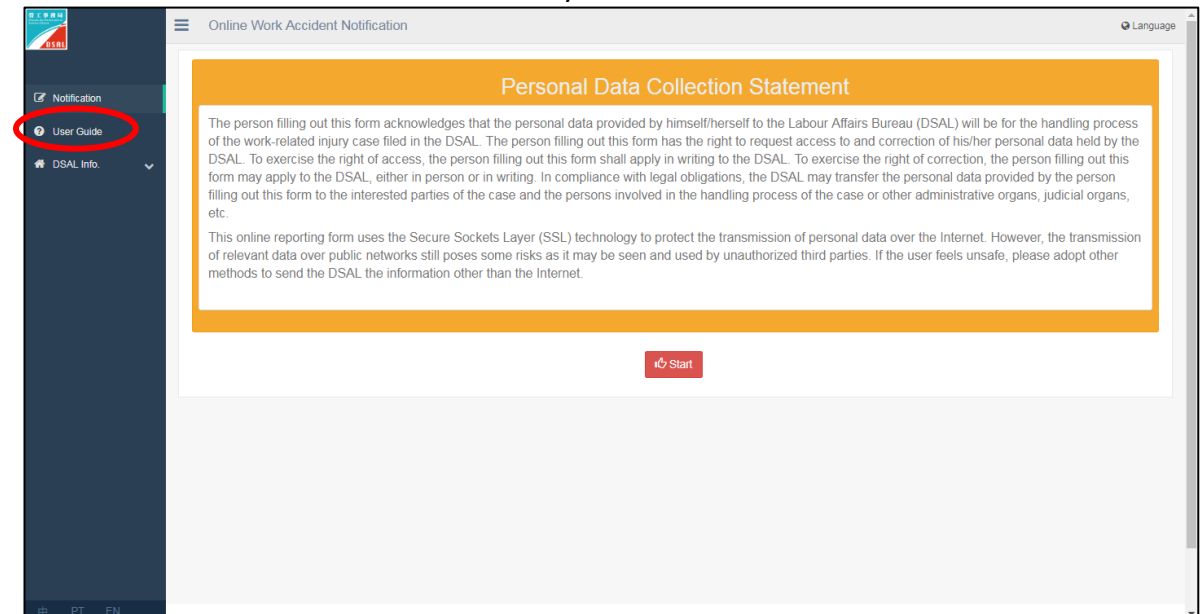
## Part II: Report a Work Accident

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)

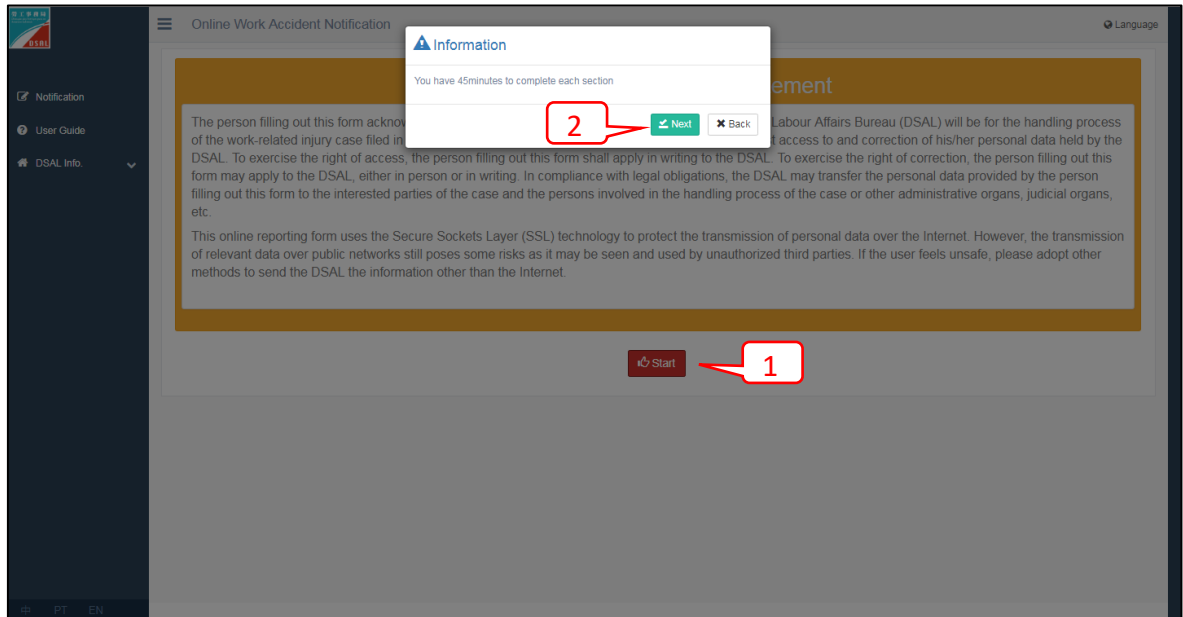


3. Please refer to User Guide when necessary


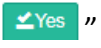


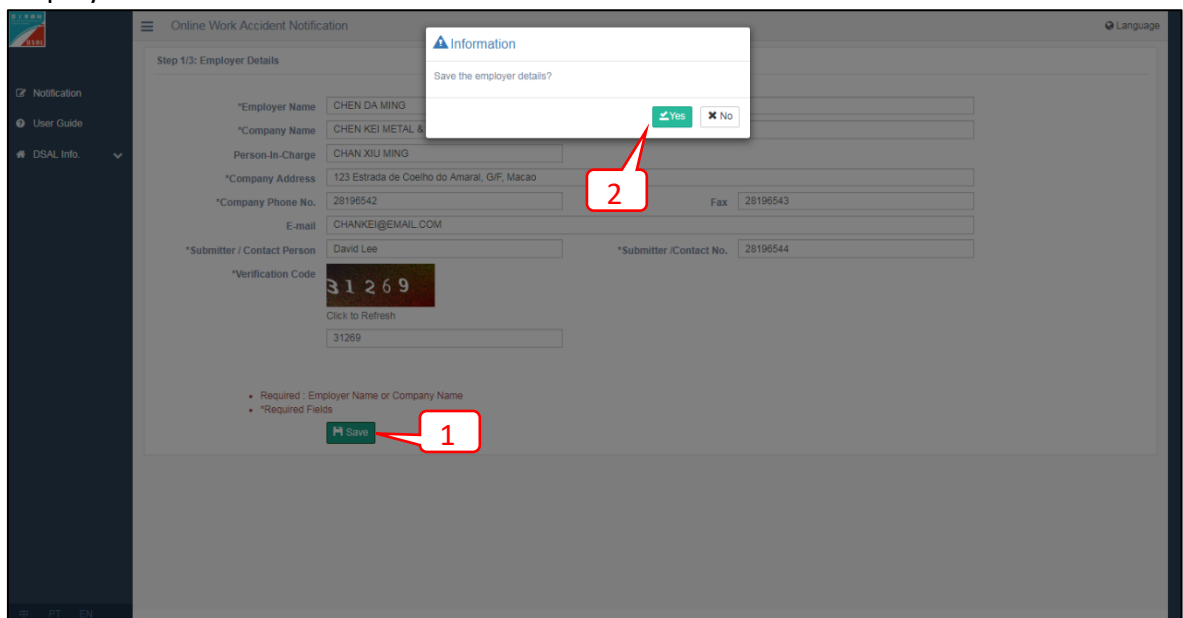
4. Start to report – there are 45minutes for each section

Click “  Start ” and “  Next ” to report a work accident





5. Fill in the employer information

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



### 6. Fill in the injured and accident information

Fill in all the information. After confirmation, click “ Save ” and “ Yes ” to save the notification

**Injured Details**

\*Chinese Name  \*Gender  Male  Female

\*Foreign Name

\*Date of Birth  DDMM/YYYY \*Employee Type  Resident  Non-resident

\*I.D. Type  Macao SAR Resident Identity Card \*Place of Origin  Macao

\*I.D. No.

Address

\*Local Mobile No.  \*Other Contact No.

\*Position

Hiring Date  Day  Month  Year

Latest 3 Months Salary \$  The Latest Mc \$  \$

• Required : Chinese Name or Foreign Name  
• Required : Local Mobile No. or Other Contact No.

**Accident Details**

\*Place of Accident

\*Date of Accident  DDMM/YYYY Time of Accident  24 Hours: Minutes

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

\*Part(s) of Body Injured  Head  Eye  Neck  
 Arm  Hand  Trunk  
 Leg  Foot  
 Others  
Please Specify:

\*Cause(s) of Accident  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:


Medical Treatment  Yes  No  Unknown Hospitalization  Yes  No  Unknown

Day(s) of Absence  Day(s)  Yes  No  Unknown

Brief Description of Accident

\*Verification Code  7 7 9 7  
Click to Refresh

• \*Required Fields

 Save

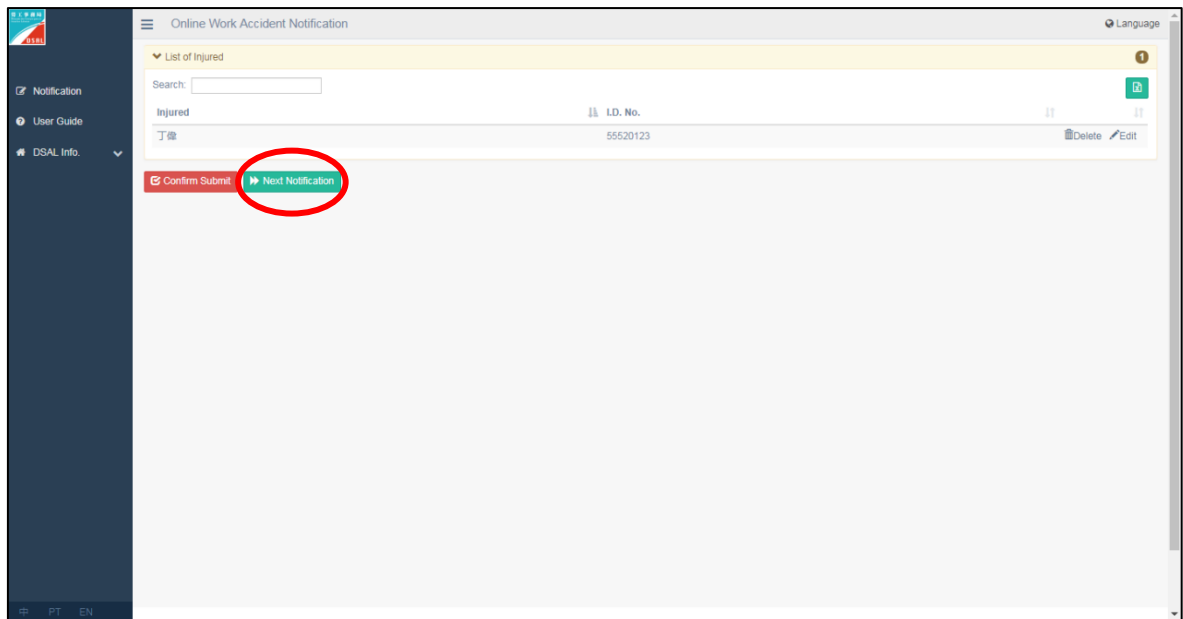
**Information**

Save the notification?

Yes  No

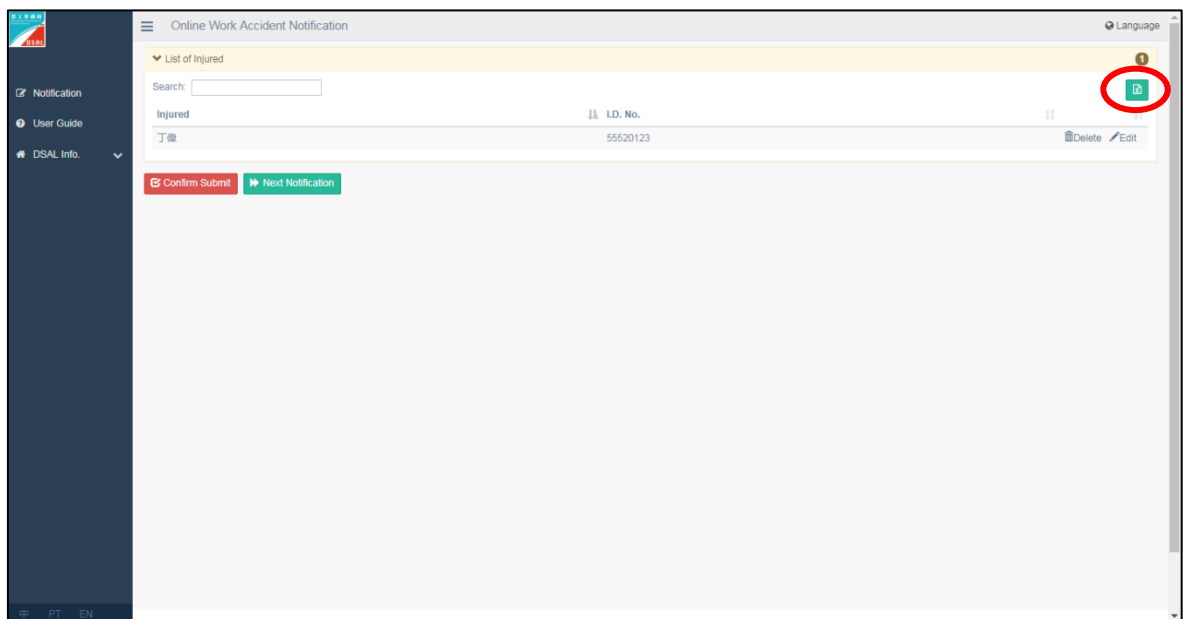
© Labour Affairs Bureau  
Please use Microsoft Edge, Internet Explorer 11+, Chrome or FireFox.

7. Click “**Next Notification**” and repeat step 6 to report another work accident information

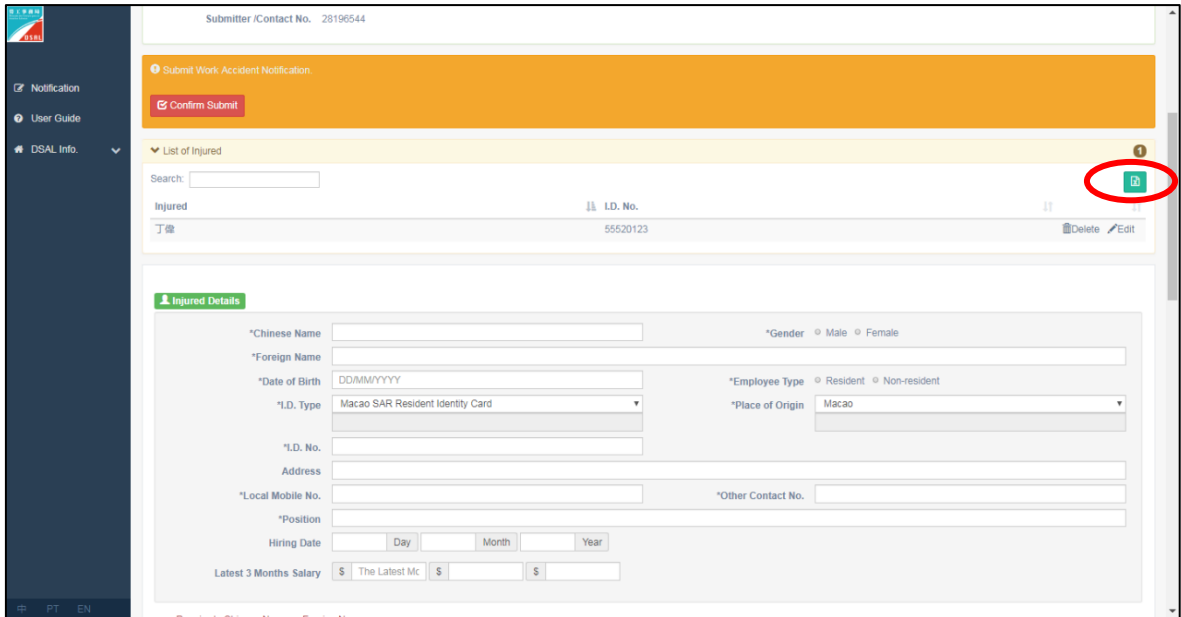



8. After saving notification, confirm all information is correct before submit

(1)A. On the notification **checking page**, click “”, or



(1)B. On the notification **reporting page**, click “”



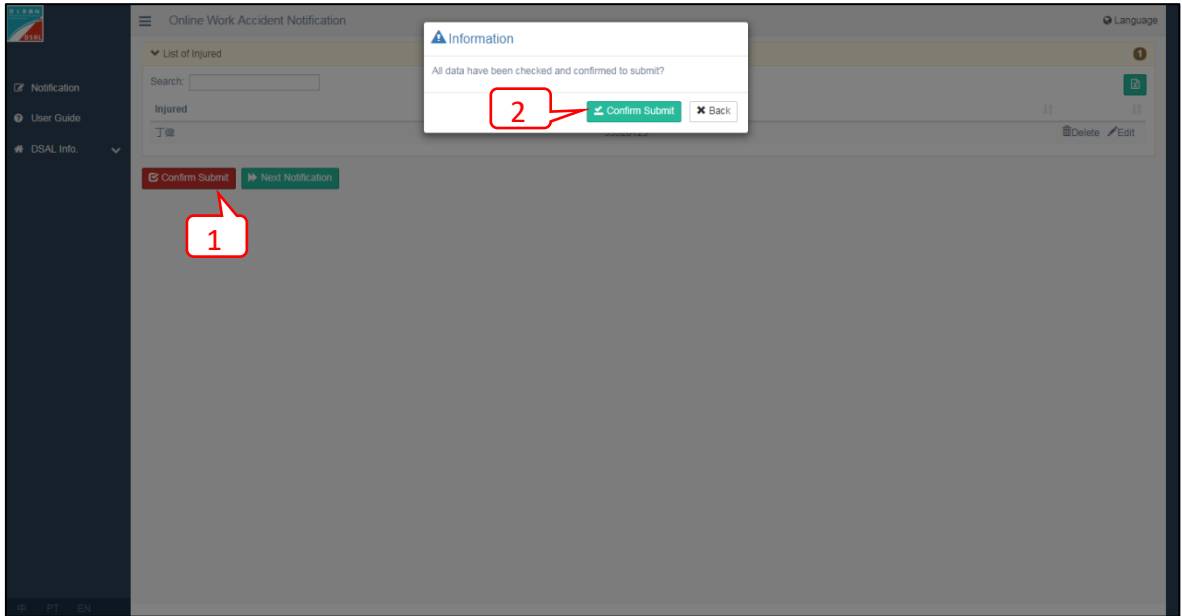
(2). After clicking “”, check the employer and the accident information in the exported EXCEL table

Employer Details										
1	Employer Name	Person-in-Charge	Company Name	Company Address	Company Phone No	Fax	E-mail	Submitter / Contact	Submitter /Contact No.	
2	CHEN DA MING	CHAN XIU MING	CHEN KEI METAL &	123 Estrada de Coelho	28196542	28196543	CHANKEI@EMAIL.C	David Lee	28196544	
Injured Details										
6	Chinese Name	Foreign Name	Date of Birth	Gender	Employee Type	Place of Origin	I.D. Type	I.D. No.	Address	Local Mobile No.
7	丁偉	DENG WEI	22/08/1991	Male	Resident	Macao	Macao SAR Resident Id	55520123	澳門墨爾本街165號	66782254

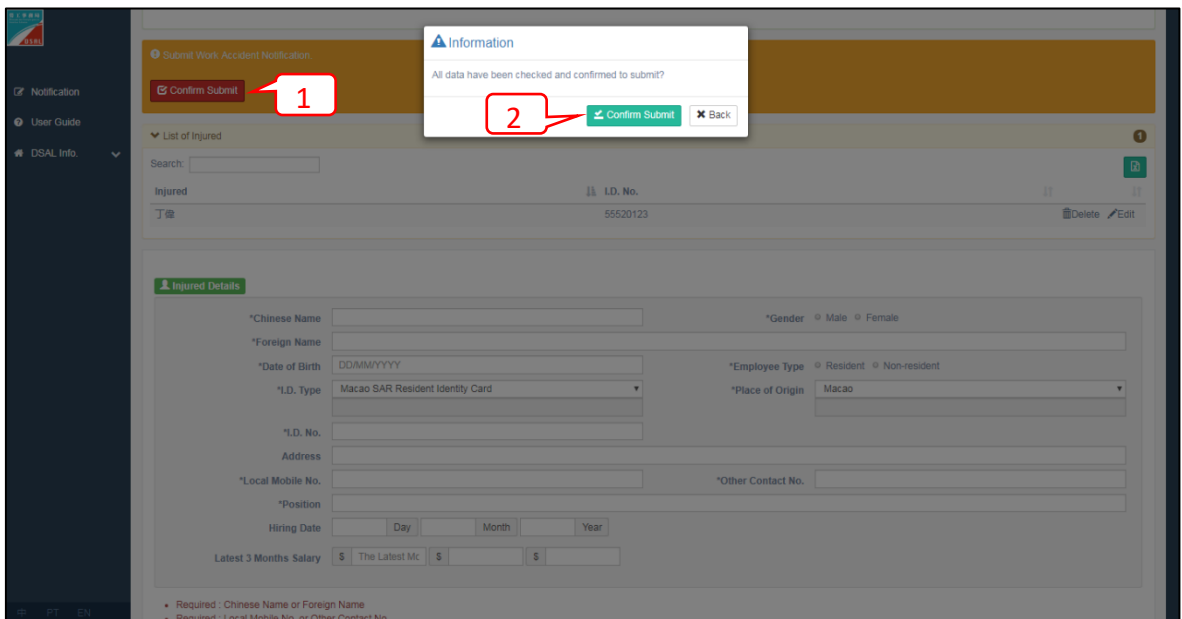
9. Before submitting the notification, you can edit or delete the work accident data. Please refer to [Part III: Edit and Delete the Work Accident Data Before Submit](#) .

10. After confirming all work accident information is correct,

A. On the notification **checking page**, click “**Confirm Submit**” and “**Confirm Submit**” to submit the notification, or

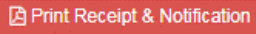


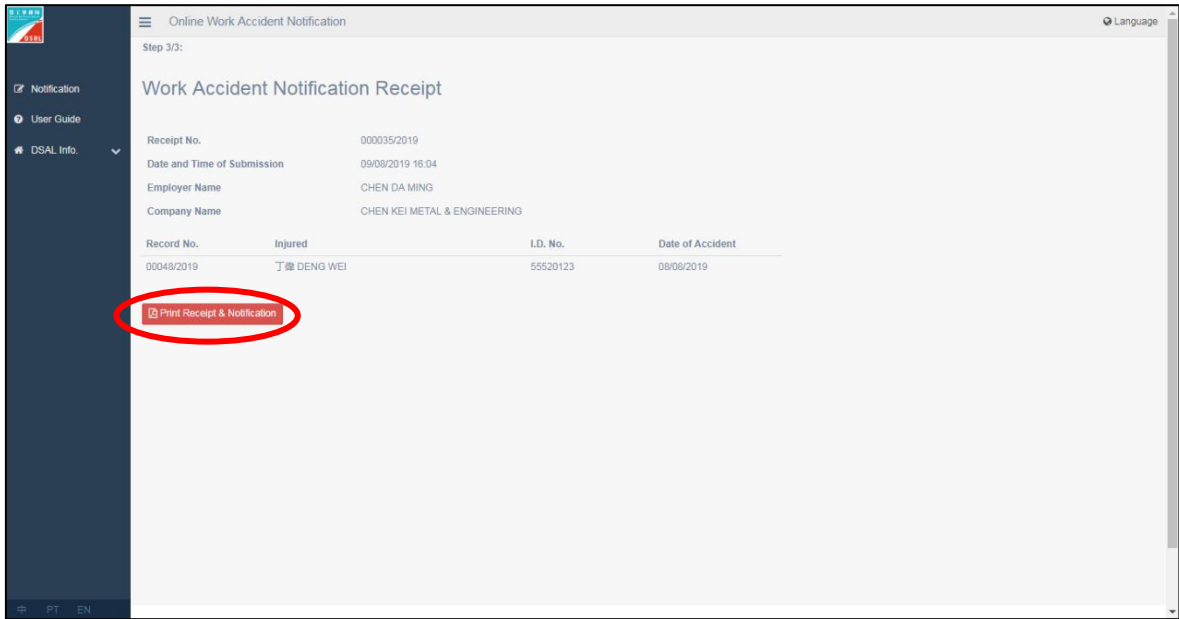
B. On the notification **reporting page**, click “**Confirm Submit**” and “**Confirm Submit**” to submit the notification



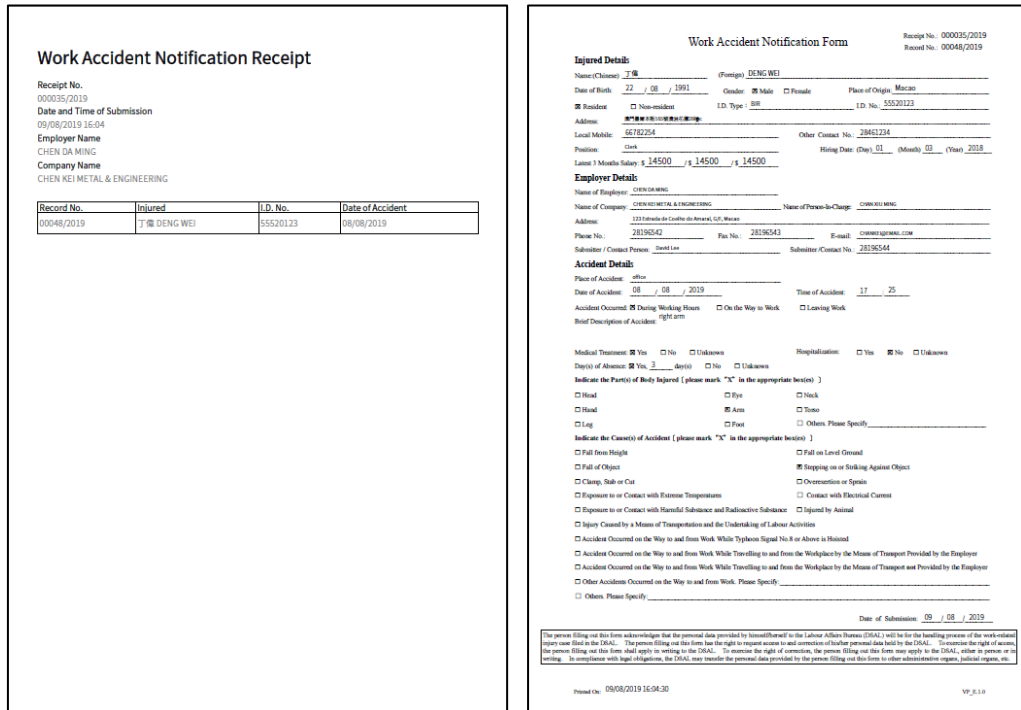


11. After successful reporting,

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




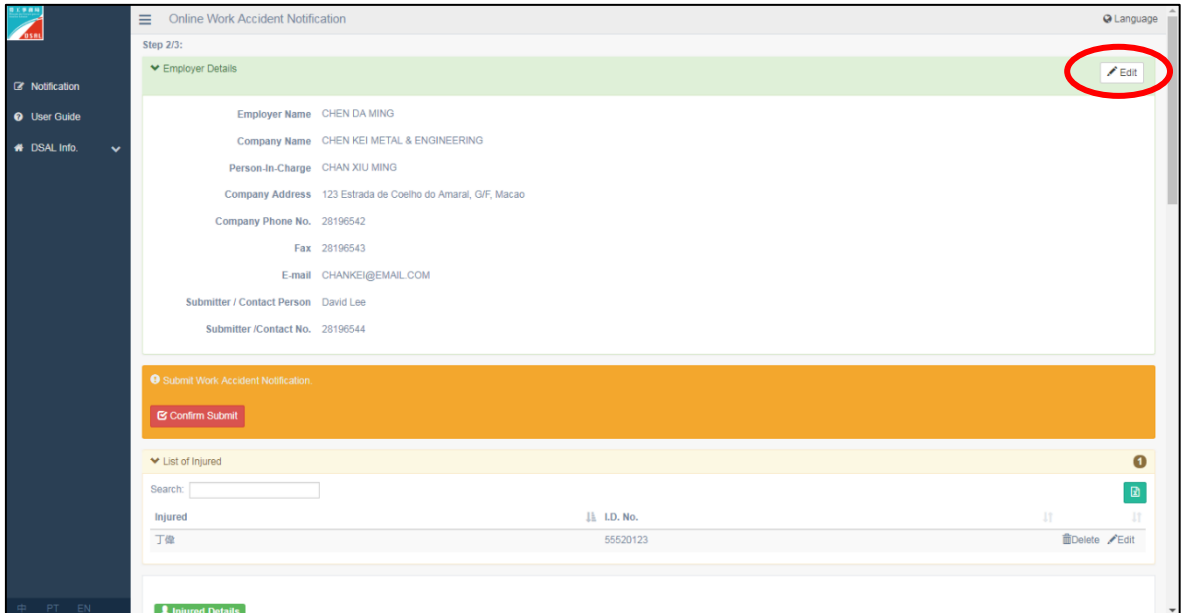
- (2). On the pop-up page, click “Print” to print out the work accident notification receipt and the work accident notification form(s)



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



### 1. Edit employer information

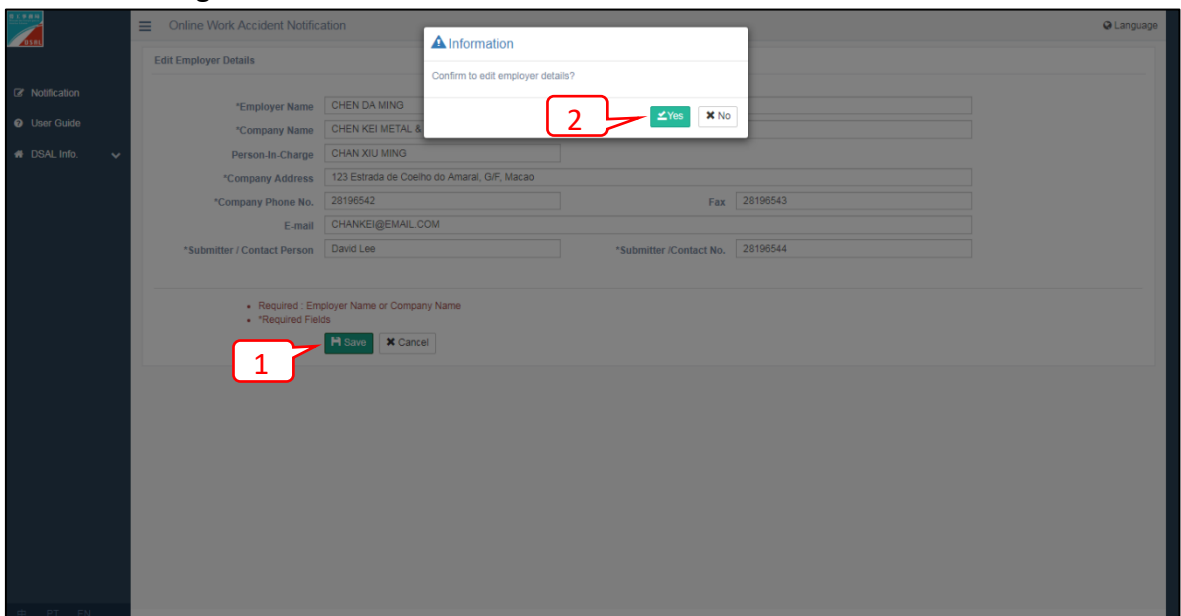
- (1). On the notification **reporting page**, click “” to edit employer information before submit



The screenshot shows the 'Online Work Accident Notification' interface. The 'Employer Details' section is highlighted in green. The 'Edit' button in the top right corner of this section is circled in red. Below the details, there is a 'Submit Work Accident Notification' section with a 'Confirm Submit' button. At the bottom, there is a 'List of Injured' table with one entry for '丁德' (Ding De) with ID number 55520123. The table has 'Delete' and 'Edit' buttons for each entry.



Injured	I.D. No.	
丁德	55520123	Delete Edit

- (2). After edit and confirm the information is correct, click “” and “” to save changes



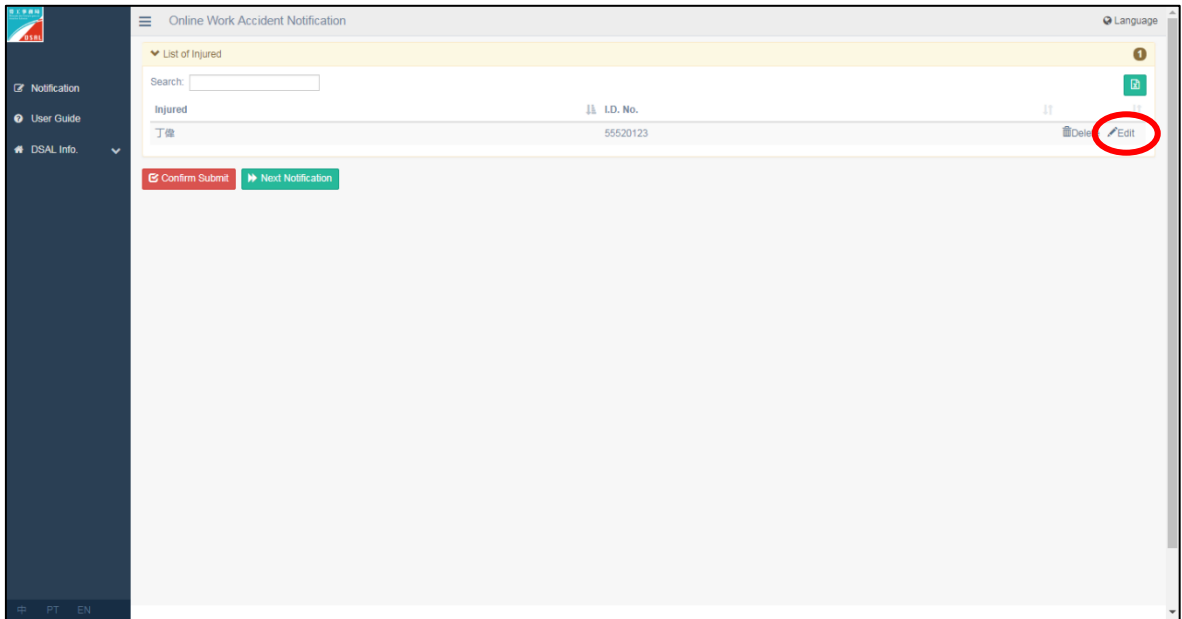
The screenshot shows the 'Edit Employer Details' page. The 'Save' button at the bottom is circled in red with a '1'. A confirmation dialog box is open, asking 'Confirm to edit employer details?'. The 'Yes' button in the dialog is circled in red with a '2'. The dialog has 'Yes' and 'No' buttons.


Required : Employer Name or Company Name  
\*Required Fields

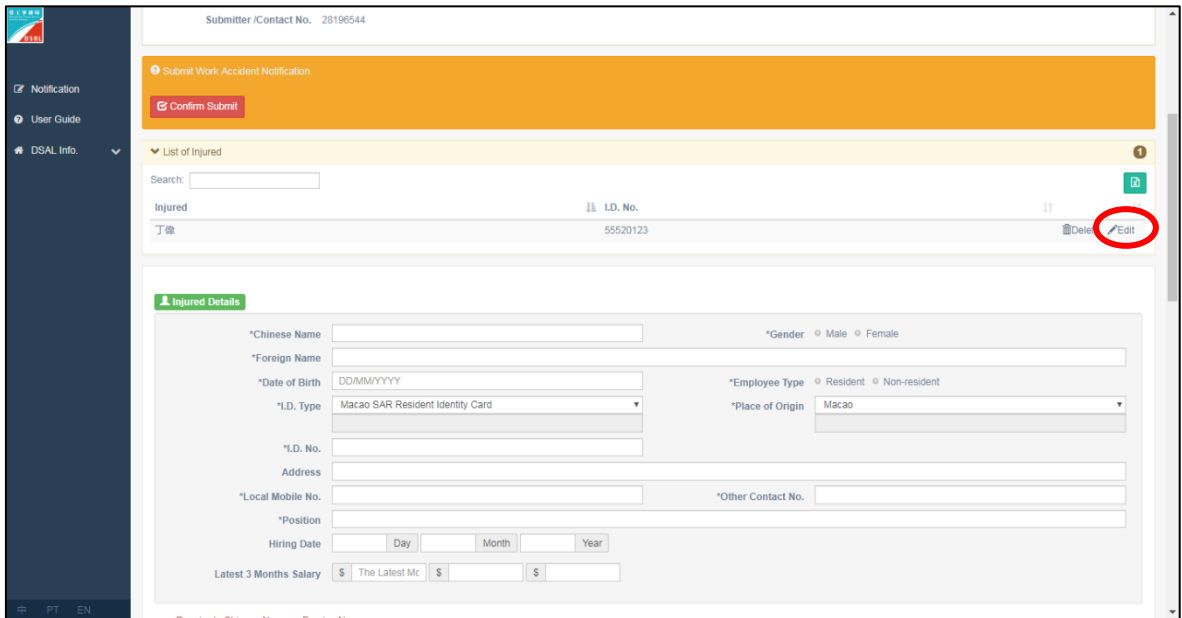
 Save  Cancel



2. Edit the injured or work accident information

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



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



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

Online Work Accident Notification

Edit Notification Details

**Injured Details**

\*Chinese Name: 丁偉 \*Gender:  Male  Female

\*Foreign Name: DENG WEI

\*Date of Birth: 22/08/1991 \*Employee Type:  Resident  Non-resident

\*I.D. Type: Macao SAR Resident Identity Card \*Place of Origin: Macao

\*I.D. No.: 55520123

Address: 澳門羅漢本街165號澳門花園29樓A

\*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

- \* Required : Chinese Name or Foreign Name
- \* Required : Local Mobile No. or Other Contact No.

**Accident Details**

\*Place of Accident: office

\*Date of Accident: 09/09/2019 Time of Accident: 17:25

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

\*Part(s) of Body Injured:  Head  Eye  Neck  Arm  Hand  Trunk  Leg  Foot  Others

Please Specify: \_\_\_\_\_

\*Cause(s) of Accident:  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: \_\_\_\_\_



Please Specify: \_\_\_\_\_

Medical Treatment:  Yes  No  Unknown Hospitalization:  Yes  No  Unknown

Day(s) of Absence: \* Yes: 3 Day(s)  No  Unknown



Brief Description of Accident: right arm

\*Required Fields

 Save  Cancel



Information

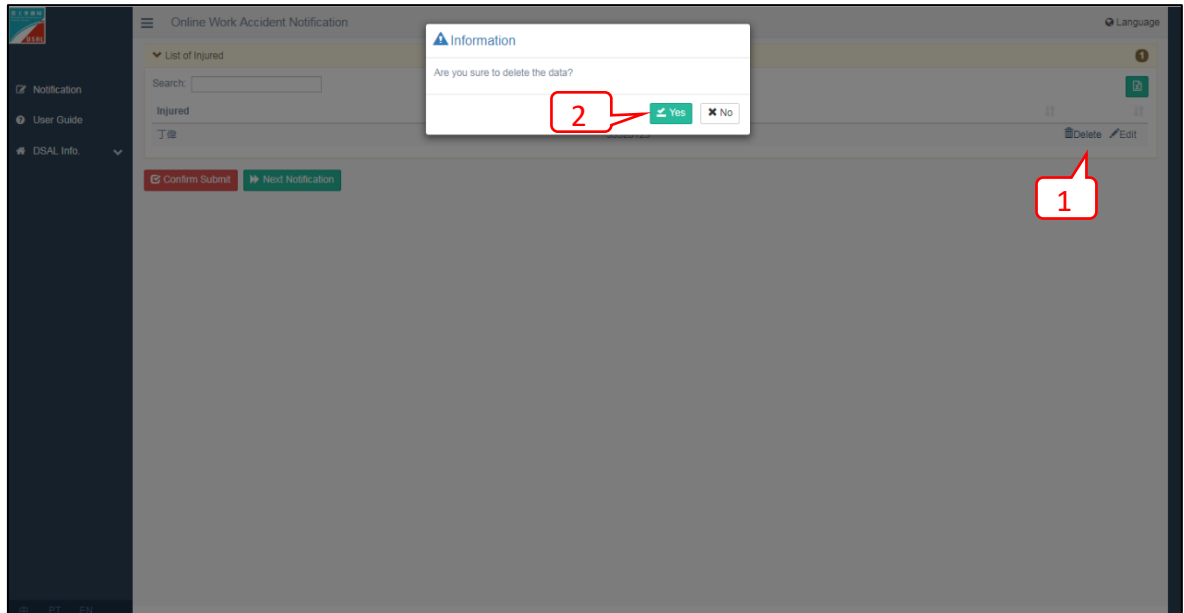
Confirm to edit the notification?



 Yes  No

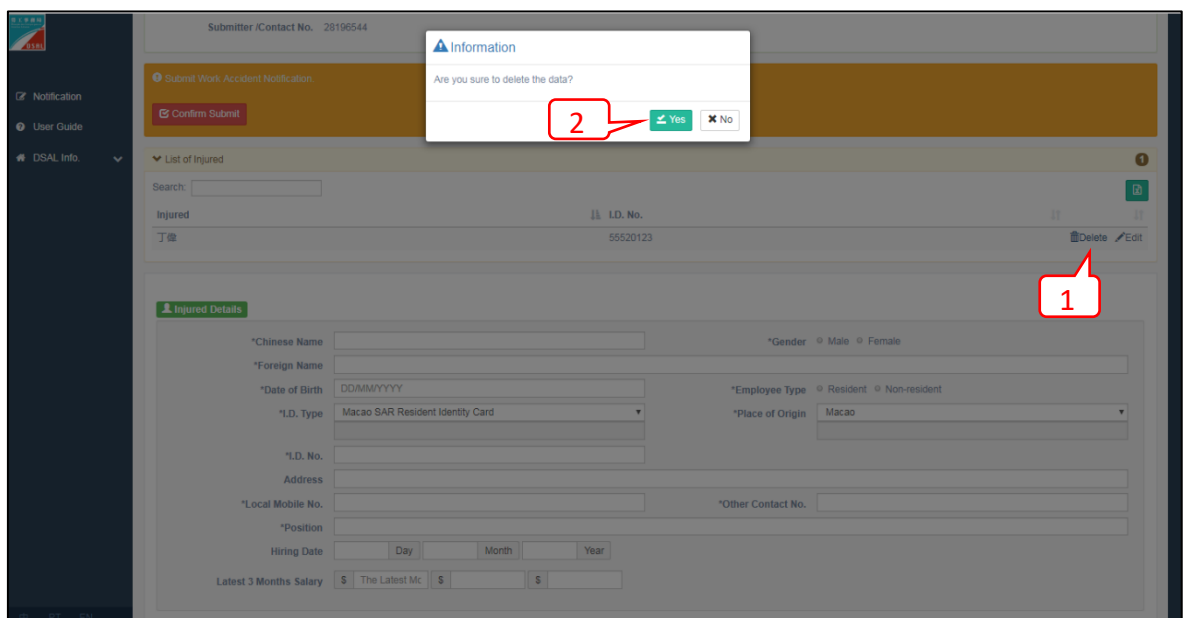
© Labour Affairs Bureau  
Please use Microsoft Edge, Internet Explorer 11+, Chrome or FireFox

### 3. Delete the injured and work accident information

A. On the notification **checking page**, click “Delete” and “Yes” to delete the data, or



B. On the notification **reporting page**, click “Delete” and “Yes” to delete the data



## 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 characters 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