

Foreign Manpower Management Division

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Information on Well-being of Foreign Domestic Worker

This form may take you 10 minutes to fill in.

* Denotes compulsory fields

1*	Name of foreign domestic worker	
2	Work Permit No/ Passport No	
3	Date of Birth (ddmmyyyy)	
4*	Contact No. of FDW	
5*	Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Filipino <input type="checkbox"/> Thai <input type="checkbox"/> Indian <input type="checkbox"/> Indonesian <input type="checkbox"/> Myanmar <input type="checkbox"/> Bangladeshi
6*	Date/Time/Place of Incident:	Date : _____ Time : _____ Place: _____
7	Name of Official employer and Address:	
		Contact No.

Case Classification (please circle)					
ABUSE	ATTEMPTED SUICIDE †	INJURY	MISSING / RUNAWAY	OTHERS	
Physical †	Can't Handle Work †	Sickness / Illness	Missing †	Deployment to other households	Insufficient Sleep
Psychological	Depression †	Fall from Height †	Runaway	Overworked	Dangerous Acts †
Verbal				Request for Transfer	Wrongful Confinement†
Sexual †				Medical	Salary
Insufficient Food				Repatriation	

†Please lodge a Police Report directly if immediate action is required for such cases.

More information

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Name and Contact Number of Informant _____

Date _____

<i>For official use only</i>	
Name of Recording Officer : _____	Date & Time received: _____
Case Ref No. : _____	(updated: 26/1/06)