

INCIDENT REPORT FORM

SECTION 1 (must be completed)

Policy holder

Name Company name

Mobile Email address

Vessel details

Name of vessel	Flag / Port	Registration no.	Vessel type
			Power
			Sail

Length (m)	Beam (m)	Year Built	Make	Model
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Vessel use

Passenger vessel	Hire & drive vessel	Charter
Non passenger vessel e.g. cargo	Private pleasure	Other
Fishing vessel		

Hull material

Steel	Fiberglass	Composite
Ferro-cement	Aluminum	Other
Timber		

Number of engines

Engine power

HP

KW

Drive type

Outboard	Sterndrive	Surface drive
Shaft drive	Sail drive	Other
IPS drive	Water jet	



Details of person in charge at the time of loss (Captain)

Title (Mr., Mrs., Dr., Capt., etc)

Surname

Given name

Street address

Town / Suburb

State / Province

Country

Telephone

Email

Date of birth

Gender

Male

Female

Type of certificate of competency / license and grade

Certificate / license ID

Issuing authority

Issue date

Expiry date (if applicable)

Incident description

Date

Time

Location

Location coordinates

N/S

Latitude (DD MM.MM)

E/W

Longitude (DDD MM.MM)

Vessel operation / activity at time of incident

Underway (motoring)

Performing maneuvers

Underway (sailing)

Performing maintenance

Anchored / moored

Fishing

Berthed

Racing

Aground

Diving

Drifting

Water skiing or related activity

Towing a vessel

Ashore

Being towed

Other

Fuelling



Number of passengers on board

Number of crew on board

Intended departure point of vessel

Intended arrival point(s) of vessel

Type of incident

Person overboard

Close quarters

Mechanical failure

Capsizing

Loss or presumed loss of vessel

Loss of stability

Sinking

Disablement of vessel

Fire

Swamping

Structural failure

Explosion

Flooding

Collision of vessel

Grounding

with another vessel

with a wharf / pier / marina

intentional

with a fixed object

with a submerged object

unintentional

with a floating object

with an overhead obstruction

with an animal

On board incident

Other incident

falls within vessel

damage by person / vessel

storm damage

crushing / pinching

skiing

theft

other on board incident

parasailing

Other

diving

Description of incident (what happened)

Incident severity rating

Fatal incident

Major damage / loss

No damage

Serious injury

Minor damage / loss

Environmental damage

minor injury

Other vessel damage

Not known

Vessel lost

Property damage



Environmental conditions

Visibility

Good	Poor	Not known
Fair	After sunset / before sunrise	

Weather

Clear	Cloudy	Not known
Hazy (fog)	Rain	

Wind strength

None	9 > 15 knots	Over 30 knots
1 > 8 knots	16 > 30 knots	Not known

Wind direction

N	S	E
NE	SE	W
NW	SW	Not known

Sea conditions

Calm	Rough	Strong current
Choppy	Very rough	Not known

Swell height

None	2-4 m.	Not known
0-2 m.	Over 4 m.	

Contributing factors

Human factors

alcohol or drugs	lack of fuel
failure to keep a proper lookout	fatigue
lack of maintenance	inexperience
overloading	navigational error
error of judgment	insecure mooring
excessive speed	Other

Material factors

inadequate stability	machinery	Casual factor unknown
electrical	hull failure	unknown (reason / comment)
navigation	Other	

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Environmental factors

- | | |
|------------------------------|------------------|
| restricted visibility | wind / sea state |
| bar conditions | tidal conditions |
| wash of passing vessel | electrical storm |
| floating or submerged object | Other |

What measures have you taken or will you take to minimize the loss?

List damages to the insured vessel and estimate repair cost

SECTION 2 (only to be completed if crew or passengers deceased / injured)

Details of deceased / injured person (person 1 – vessel 1) (if applicable)

Title (Mr., Mrs., Dr., Capt., etc)	Surname	Given name	
Street address	Town / Suburb	State / province	Country
Telephone	Email	Date of birth <input type="text"/>	Gender Male Female

Activity of deceased / injured person

- | | |
|---------------------|--------------------------------------|
| Passenger on vessel | Para flier |
| Crew member | Surf ski / surfboard rider / kayaker |
| Swimmer | Diver / snorkeler |
| Water skier | Other |
| Jet skier | |



Status

Fatality

Serious injury (requiring admission to hospital)

Minor injury

Missing person

Blood alcohol content

Drug test

Next of kin and contact details

.....
Details of deceased / injured person (person 2 – vessel 1) (if applicable)

Title (Mr., Mrs., Dr., Capt., etc)

Surname

Given name

Street address

Town / Suburb

State / Province

Country

Telephone

Email

Date of birth

Gender

Male

Female

Activity of deceased / injured person

Passenger on vessel

Para flier

Crew member

Surf ski / surfboard rider / kayaker

Swimmer

Diver / snorkeler

Water skier

Other

Jet skier

Status

Fatality

Serious injury (requiring admission to hospital)

Minor injury

Missing person

Blood alcohol content

Drug test

Next of kin and contact details



SECTION 3 (only to be completed if a 2nd vessel involved)

Vessel 2 : Owner detailsName Company nameMobile Email address

Vessel 2 : Vessel detailsName of vessel Flag / Port Registration no. Vessel type

Power

Sail

Length (m) Beam (m) Year Built Make Model

Vessel use

Passenger vessel Hire & drive vessel CharterNon passenger vessel e.g. cargo Private pleasure Other

Fishing vessel

Hull material

Steel Fiberglass / FRP CompositeFerro-cement Aluminum Other

Timber

Number of engines

Engine power

HP

KW

Drive type

Outboard Sterndrive Surface driveShaft drive Sail drive OtherIPS drive Water jet

Vessel 2 : Details of person in charge at the time of loss (Captain)

Title (Mr., Mrs., Dr., Capt., etc)

Surname

Given name

Street address

Town / Suburb

State / Province

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Date of birth

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Berthed

Aground

Drifting

Towing a vessel

Being towed

Fuelling

Performing maneuvers

Performing maintenance

Fishing

Racing

Diving

Water skiing or related activity

Ashore

Other



Number of passengers on board

Number of crew on board

Intended departure point of vessel

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Other incident

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excessive speed	Other

Material factors

inadequate stability	machinery	Casual factor unknown
electrical	hull failure	unknown (reason / comment)
navigation	Other	

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Environmental factors

restricted visibility

bar conditions

wash of passing vessel

floating or submerged object

wind / sea state

tidal conditions

electrical storm

Other

What measures have been or will be taken to minimize the loss?

List damages to the 2nd vessel and estimated repair cost

SECTION 4 (only to be completed if 2nd vessel has deceased / injured crew and/or passengers)

Vessel 2 : Details of deceased / injured person (person 1 – vessel 2) (if applicable)

Title (Mr., Mrs., Dr., Capt., etc)

Surname

Given name

Street address

Town / Suburb

State / Province

Country

Telephone

Email

Date of birth

Gender

Male

Female

Activity of deceased / injured person

Passenger on vessel

Crew member

Swimmer

Water skier

Jet skier

Para flier

Surf ski / surfboard rider / kayaker

Diver / snorkeler

Other



Status

Fatality

Serious injury (requiring admission to hospital)

Minor injury

Missing person

Blood alcohol content

Drug test

Next of kin and contact details

Vessel 2 : Details of deceased / injured person (person 2 – vessel 2) (if applicable)

Title (Mr., Mrs., Dr., Capt., etc)

Surname

Given name

Street address

Town / Suburb

State / Province

Country

Telephone

Email

Date of birth

Gender

Male

Female

Activity of deceased / injured person

Passenger on vessel

Para flier

Crew member

Surf ski / surfboard rider / kayaker

Swimmer

Diver / snorkeler

Water skier

Other

Jet skier

Status

Fatality

Serious injury (requiring admission to hospital)

Minor injury

Missing person

Blood alcohol content

Drug test

Next of kin and contact details



SECTION 5 (must be completed)

Incident report details

A diagram or chart extract of the incident and events leading up to the incident are to be detailed in the space provided below (if insufficient space please use separate pages. Each extra page that is used must be signed)

Description of diagram / chart

Were there any witnesses?
If so, please provide name (s) & contact details

Did Police or responsible authority produce a report?
If yes, please provide Name / Address / Reference no. / Crime report no.

Please note : all cases of person injury, death, theft, explosion, fire, vandalism and total loss must be reported to the local Police and a copy of their report submitted with this form.



What losses were incurred to the other vessel and/or objects?:

Did the incident cause any damage to the marine habitat and /or any adverse effect to the marine environment e.g. pollution?.

Please note : all cases of damage to the marine habitat and/or environment must be reported to the marine dept.

Details of assistance rendered / received at incident

You certify that information given on this form is truthful, accurate and complete and that no information likely to affect this claim has been withheld.

We would like to point out that a fraudulent or exaggerated claim may result in a complete loss of any entitlement under your insurance policy.

.....
Declaration

I, (full name)

Date of birth :

Address :

Phone :

Email :

declare that :

- to the best of my knowledge the information provided by me in this report (and any attachments I have included with this report) is true and correct.
- I consent to AMS, making all reasonable enquiries in order to verify that the information provided by me in this report (and any attachments I have included with this report) is true and correct.
- I understand and acknowledge that AMS, may ask that I provide any information or document that is reasonably considered necessary for consideration.

Signature of owner or master

Printed name

Date

Name and status of person who assisted in completion of form (if applicable)

Please return the completed form to Andaman Maritime Services Co., Ltd.

