

## Marine Accidents or Vessel Equipment and Machinery Malfunctioning or Failure Reporting Form

General Information					
Date		Time (LT)			
Country		Port			
Name of Vessel		IMO No./ Official No.			
Vessel Flag		Vessel Call Sign			
Vessel Port of Registry		Vessel Type			
Vessel Built Year		Classification Society			
Main Propulsion Power(KW)		No. of Crew			
LOA		Breadth			
GRT		DWT			
Terminal		Berth No.			
Draft (Fwd)		Draft (Aft)			
Trim		List			
Vessel Operator		Vessel Operator Contact			
Local Vessel Agent					
Vessel Agent Contact					
Voyage Information					
Navigation	<input type="checkbox"/> Moored	<input type="checkbox"/> Anchored	<input type="checkbox"/> Underway	<input type="checkbox"/> Drifting	
Position					
Speed and Course					
Last Port of Call		Next Port of Call			
Estimated Time of Arrival		Estimated Time of Departure			
Weather/ Climate Conditions					
Sea Condition	<input type="checkbox"/> Calm	<input type="checkbox"/> Moderate	<input type="checkbox"/> Rough	Wave Height	
				Wave Direction	
Weather	<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Fog	Wind Speed	
				Wind Direction	
Time	<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Fog	Current Speed	
				Current Speed	
Visibility	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Visibility (NM)	
Remarks					



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Note: Fill Part A, B, C as Applicable

## Part A – Accident

<input type="checkbox"/> Fire	<input type="checkbox"/> Steering Gear Failure	<input type="checkbox"/> Injury
<input type="checkbox"/> Explosion	<input type="checkbox"/> Structural Failure	<input type="checkbox"/> Fatality
<input type="checkbox"/> Collision	<input type="checkbox"/> Propulsion Failure	<input type="checkbox"/> Illness/Disease
<input type="checkbox"/> Grounding	<input type="checkbox"/> Power Failure	<input type="checkbox"/> Person Missing /Over Board
<input type="checkbox"/> Listing	<input type="checkbox"/> Cargo Shift/Overboard	<input type="checkbox"/> Stowaway
<input type="checkbox"/> Flooding	<input type="checkbox"/> Damage to Port Navigation Aid	<input type="checkbox"/> Environmental Pollution (Fill Part B)
<input type="checkbox"/> Capsizing	<input type="checkbox"/> Damage to Port Infrastructure	<input type="checkbox"/> Others

If Others, Specify:

Any Other Vessel involved in the Accident  Yes  No

If Yes, Specify	Name of Vessel	IMO No./ Official No.
No. of Injured Persons	No. of Fatalities	

Description of Accident:

## Part B – Environmental Pollution

<input type="checkbox"/> Oil	<input type="checkbox"/> Chemical	<input type="checkbox"/> Garbage	<input type="checkbox"/> Ballast	<input type="checkbox"/> Air Pollutants	<input type="checkbox"/> Others
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If Others, please specify:

Pollutant Technical Name	
Pollutant Quantity	

Description of Pollution:



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**Notes;**

Supporting Documents to be Submitted as Applicable along with the Form

- Crew List & Ships Particular.
- General Arrangement Plan and Stowage Plan.
- Contingency Plan and Risk Assessment.
- Material Safety Data Sheet.
- IMDG List (If Dangerous Cargo is Onboard)
- Health Declaration Form (Only for Illness and Disease).
- Passport and Seaman Book (Only for Injuries, Fatality, Illness and Disease, Person Missing /Over Board).

**Part C – Equipment, Machinery Malfunctioning Or Failure**

Navigation/Communication Equipment	<input type="checkbox"/>	Deck/Engine Room Machinery	<input type="checkbox"/>	LSA/FFA	<input type="checkbox"/>
Others	<input type="checkbox"/>	If Others, Specify:			

Description of Equipment/Machinery

Specify Alternative Equipment/Machinery On Board (If any)

Flag Dispensation Letter Issued

Yes

No

Class Conditional Survey Report Issued

Yes

No

Does the Vessel Require any Specific Assistance from the Port

Yes

No

If Yes, please specify:

I, Vessel Master, Assure That All Above Information Is Correct And Precise

Vessel Master Name

Vessel's Stamp

Vessel Master's Signature