

REPUBLIC OF VANUATU TRADE BOARD LIMITED PORT VILA, VANUATU	REPORT OF VESSEL CASUALTY	FOR OFFICE USE ONLY
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INSTRUCTIONS

1. This form shall be submitted to the Deputy Commissioner of Maritime Affairs as soon after the casualty as possible.
2. This form must be completed in full. Entries which do not relate to the particular case should be indicated as "Not Applicable" by inserting the initials "NA"
3. This form should be completed for every vessel casualty in accordance with the Section 34 of the Maritime Regulations.
4. This form must be completed by Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.

I. PARTICULARS OF VESSEL

1. NAME OF VESSEL	2. OFFICIAL NUMBER	3. GROSS TONNAGE	4. TYPE OF VESSEL*
5. NAME, ADDRESS, EMAIL AND TELEPHONE NUMBER OF MANAGING AGENT			
6A. NAME OF MASTER OR PERSON INCHARGE	6B. VANUATU LICENSE NO.	6C. GRADE	6D. DATE OF ISSUE
7. DECK OFFICER ON DUTY AT THE TIME OF CASUALTY		8. ENGINEER ON DUTY AT THE TIME OF CASUALTY	
NAME		NAME	
CAPACITY	VANUATU LICENSE NO.	CAPACITY	VANUATU LICENSE NO.

II. PARTICULARS OF CASUALTY

9A. DATE OF CASUALTY	9B. TIME(LOCAL OR ZONE)	9C. ZONE DESCRIPTION	9D. TIME OF DAY DAY NIGHT TWILIGHT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10A. GEOGRAPHICAL LOCATION OF CASUALTY *		10B. GEOGRAPHICAL NAME OF BODY OF WATER		
11A. IF CASUALTY OCCURRED UNDERWAY, PORT OF DEPARTURE	11B. DATE OF DEPARTURE	11C. PORT TO WHICH BOUND		
12A. NATURE OF CARGO, IF APPLICABLE(DESCRIBE AND GIVE AMOUNT IN LONG TONS)	12B. AMOUNT OF DRY CARGO	12C. AMOUNT BULK LIQUID	12D. AMOUNT DECK CARGO	
13. SPEED IN KNOTS PRIOR TO CASUALTY	14. TRUE COURSE PRIOR TO CASUALTY		15. DRAFT FORWARD	16. DRAFT AFT
17. ATMOSPHERIC CONDITION AT THE TIME OF CASUALTY(CHECK ONE OR MORE OF THE FOLLOWING) <input type="checkbox"/> CLEAR <input type="checkbox"/> PARTLY CLOUDY <input type="checkbox"/> OVERCAST <input type="checkbox"/> FOG	18. DISTANCE OF VISIBILITY <input type="checkbox"/> UNDER 2 MILES <input type="checkbox"/> 2-5 MILES <input type="checkbox"/> OVER 5 MILES	19. WIND <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE TO FRESH <input type="checkbox"/> STORM TO HURRICANE BEAUFORT SCALE _____	20. SEA <input type="checkbox"/> SMOOTH TO SLIGHT <input type="checkbox"/> MODERATE TO ROUGH <input type="checkbox"/> HIGH BEAUFORT SCALE _____	21. WIND DIRECTION
				22. DIRECTION OF SEA
				23. DIRECTION OF SWELL

*Notes: Type of vessel – General cargo, oil tanker, ore/oil, passenger, bulk, ore carrier, tug, etc. location – if at sea, latitude and longitude; if in port, straits, river channel, etc, give name.

Notification must be made immediately by the fastest means possible to the Deputy Commissioner of Maritime Affairs.
E-mail: registry@topcompanyformation.com

24. NAVIGATION EQUIPMENT (check one or more) <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> RADAR <input type="checkbox"/> INOPERATIVE <input type="checkbox"/> NOT USED <input type="checkbox"/> USED </td> <td style="width:50%; vertical-align: top;"> GPS <input type="checkbox"/> INOPERATIVE <input type="checkbox"/> NOT USED <input type="checkbox"/> USED </td> </tr> </table>		RADAR <input type="checkbox"/> INOPERATIVE <input type="checkbox"/> NOT USED <input type="checkbox"/> USED	GPS <input type="checkbox"/> INOPERATIVE <input type="checkbox"/> NOT USED <input type="checkbox"/> USED	25. COMMUNICATIONS EQUIPMENT (check one or more) <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> UHF/VHF <input type="checkbox"/> In use with other vessel <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used </td> <td style="width:50%; vertical-align: top;"> SAT COM <input type="checkbox"/> In use with other vessel <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used </td> </tr> </table>		UHF/VHF <input type="checkbox"/> In use with other vessel <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used	SAT COM <input type="checkbox"/> In use with other vessel <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used	26. AUTO ALARM TRANSMITTED BY YOUR VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO 27. RULES OF THE ROAD APPLICABLE <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> OTHER (Specify)	
RADAR <input type="checkbox"/> INOPERATIVE <input type="checkbox"/> NOT USED <input type="checkbox"/> USED	GPS <input type="checkbox"/> INOPERATIVE <input type="checkbox"/> NOT USED <input type="checkbox"/> USED								
UHF/VHF <input type="checkbox"/> In use with other vessel <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used	SAT COM <input type="checkbox"/> In use with other vessel <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used								
28. NATURE OF THE CASUALTY (Check one of the following. Give pertinent details in item 32)									
<input type="checkbox"/> COLLISION WITH OTHER VESSEL(S) (Give name and flag of other vessel)		<input type="checkbox"/> EXPLOSION/FIRE (OTHER)							
<input type="checkbox"/> COLLISION WITH FLOATING OR SUBMERGED OBJECTS		<input type="checkbox"/> GROUNDING							
<input type="checkbox"/> COLLISION WITH ICE		<input type="checkbox"/> FOUNDER (SINKING)							
<input type="checkbox"/> ENVIRONMENTAL INCIDENT		<input type="checkbox"/> CAPSIZING WITHOUT SINKING							
<input type="checkbox"/> COLLISION WITH AIDS TO NAVIGATION		<input type="checkbox"/> OIL, MUD OR OTHER SUBSTANCE SPILL							
<input type="checkbox"/> COLLISION (OTHER)		<input type="checkbox"/> FLOODING, SWAMPING, ETC WITHOUT SINKING							
<input type="checkbox"/> EXPLOSION/FIRE (INVOLVING CARGO)		<input type="checkbox"/> HEAVY WEATHER DAMAGE							
<input type="checkbox"/> EXPLOSION/FIRE (INVOLVING VESSELS'S FUEL)		<input type="checkbox"/> CARGO DAMAGE (NO VESSEL DAMAGE)							
<input type="checkbox"/> FIRE (VESSEL'S STRUCTURE OR EQUIPMENT)		<input type="checkbox"/> MATERIAL FAILURE (VESSEL STRUCTURE)							
<input type="checkbox"/> EXPLOSION (BOILER AND ASSOCIATED PARTS)		<input type="checkbox"/> MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)							
<input type="checkbox"/> EXPLOSION (PRESSURE VESSELS AND COMPRESSED GAS CYLINDERS)		<input type="checkbox"/> EQUIPMENT FAILURE							
<input type="checkbox"/> COLLISION WITH OTHER VESSEL(S) (Give name and flag of other vessel)		<input type="checkbox"/> CASUALTY NOT NAMED ABOVE							
29. PERSONNEL		CREW	PASSENGERS	OTHER	TOTAL	30. PROPERTY LOSSES	U.S. DOLLARS		
A. NUMBER ON BOARD						A. ESTIMATED LOSS/DAMAGE TO VESSEL	\$		
B. NUMBER KNOWN DEAD						B. ESTIMATED LOSS/DAMAGE TO THE CARGO	\$		
C. NUMBER MISSING						C. ESTIMATED LOSS/DAMAGE TO OTHER PROPERTY	\$		
D. NUMBER INJURED						31. IS VESSEL A TOTAL LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
32. DESCRIPTION OF THE CASUALTY (Events and circumstances leading to the casualty and present when it occurred. Attach diagrams, additional sheets, P&I reports, statement of officers and crew, log book extracts, copies of charts, photos, etc.) 									
33. REMARKS (Indicate assistance rendered by shore stations and vessels; recommendation for corrective safety measures pertinent to this casualty. Include explanation of any unsatisfactory life saving equipment. Attach additional sheets if necessary.) 									
34. DATE OF REPORT		35. SUBMITTED BY (PRINT NAME)			36. SIGNATURE		37. TITLE		