

## Accident / incident report

Anker Alarm Service T:+31 50 520 99 04 E:assistance@anker.nl

| Injured person Full name: Date of birth: Date of birth: Date of birth: Citizenship:  Accident Date:    day   | Motor Vessel   | Port         |
|--|--|--------------|
| Injured person Full name: Date of birth: Date of birth: Date of birth: Citizenship:    Citizenship:   Citizensh | Date   | Agent        |
| Full name: Date of birth: Date of birth: Date of birth: Date of birth: Date:  Accident Date:  Date: Date | Abstract of ship's logbook:  |              |
| Date of birth: Male / female Full address:  Accident Date:   | Injured person   |              |
| Male / female Full address:  Accident Date: / Local time: Port / sea: Exact location:  Activity of injured person at time of accident:  Ordered by:  Accident reported at hours on / / to name and rank  Area of accident and/or equipment inspected by:  Name and grade of witnesses belonging to the crew:  Name and address of witnesses not belonging to the crew:  P&I representative informed – name of representative of surveyor conducting investigation:  Has the responsible party held liable? If so, please attach copy. If not, please state name and address of responsible party:  Name and signature of Master:  o be filled in by the doctor  Admitted into hospital or repatriation?  If admitted into hospital please state name / address / phone number etc. of the hospital.  |  |              |
| Accident Date: /   |  | Citizenship: |
| Date: / / / Local time:  Port / sea: Exact location:  Activity of injured person at time of accident:  Ordered by:  Accident reported at hours on / / to   | Full address:  |              |
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| If admitted into hospital please state name / address / phone number etc. of the hospital.   | To be filled in by the doctor  |              |
| Unfit for duty: no / yes, for days   | Admitted into hospital or repatriation? If admitted into hospital please state name / address / phone number etc. of the hospital. |              |
|  | Unfit for duty: no / yes, for days   |              |

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