

Personal Injury Incident Statement

Marine Insurance Claims

Date of Incident:

DD/MM/YYYY

Time of Incident:

HH:MM

Vessel Name:

Enter vessel name

Name of Injured Person:

Full Name

Rank/Position:

Rank or Position

Contact Number:

Phone or email

Location of Incident (on vessel):

e.g., Engine Room, Deck

Type/Nature of Injury:

e.g., Fracture, Burn

Weather/Sea Conditions:

Describe briefly

Detailed Description of Incident:

Describe how the incident happened...

Immediate Action Taken:

Describe first aid/medical attention and steps taken...

Names of Witnesses (if any):

List witness names

Witness Statements (optional):

Additional witness comments...

Name of Person Completing Report:

Full Name

Signature:

(Sign or print name)

Date:

DD/MM/YYYY