

# 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