

# Vessel Collision Incident Report

## 1. General Information

Insured Vessel Name	
IMO Number	
Flag	
Type of Vessel	
Report Date	
Master's Name	
Owner/Operator	
Contact Details	

## 2. Incident Details

Date and Time of Incident	
Location (Coordinates/Port/Area)	
Weather and Visibility	
Sea Condition	
Other Vessel(s) Involved	
Other Vessel IMO/Reg. No.	
Details of Other Vessel(s) (Name, Flag, Type, Owner)	

## 3. Narrative Description

Describe the events before, during, and after the collision:

## 4. Damage Assessment

Damage to Insured Vessel	
Damage to Other Vessel(s)	

<b>Injuries / Fatalities</b>	
<b>Pollution / Environmental Impact</b>	
<b>Photographs / Diagrams Attached</b>	

## 5. Actions Taken

<b>Actions Immediately After Collision</b>	
<b>Authorities Notified</b>	
<b>Salvage and Mitigation Measures</b>	

## 6. Witnesses and Additional Information

Names and Contact Details of Witnesses:

Additional Remarks / Attachments:

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Master / Authorized Person Signature

Date: \_\_\_\_\_