

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)	

Injuries / Fatalities	
Pollution / Environmental Impact	
Photographs / Diagrams Attached	

5. Actions Taken

Actions Immediately After Collision	
Authorities Notified	
Salvage and Mitigation Measures	

6. Witnesses and Additional Information

Names and Contact Details of Witnesses:

Additional Remarks / Attachments:

Master / Authorized Person Signature

Date: _____