REPUBLIC OF VANUATU MARITIME ADMINISTRATOR PORT VILA, VANUATU	REPORT OF PERSONAL INJURY OR LOSS OF LIFE	FOR OFFICE USE ONLY

INSTRUCTIONS

1. This form shall be submitted to the Assistant Commissioner of Maritime Affairs as soon after the incident as possible.
2. This form must be completed in full. Entries which do not relate to the particular case should be indicated as "Not Applicable" by inserting the initials "NA".
3. This form should be completed for every loss of life and for every injury which incapacitates the injured for a period in excess of seventy-two hours (3 days).
4. This form must be completed by Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.

I. PARTICULARS OF VESSEL

1. NAME OF VESSEL	2. OFFICIAL NUMBER
3. NAME, ADDRESS, EMAIL AND TELEPHONE NUMBER OF MANAGING AGENT	

II. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING (BELIEVED DEAD)

4. NAME AND HOME ADDRESS OF PERSON(IF MORE THAN ONE PERSON, MAKE OUT ONE FORM PER PERSON)	5. DATE OF BIRTH
	6. CITIZENSHIP
7. VANUATU SEAMAN ID BOOK NUMBER AND/OR LICENCE NUMBER	8. STATUS OR CAPACITY ON VESSEL
9. ACTIVITY ENGAGED IN AT TIME OF CASUALTY	10. IF CREW MEMBER PASSENGER OR SHORE WORKER
11. NAME OF IMMEDIATE SUPERVISOR AT THE TIME OF CASUALTY	12. SUPERVISOR'S CAPACITY ON VESSEL

III. PARTICULARS OF INJURY OR DEATH INCIDENT

13A. DATE OF INJURY OR DEATH	13B. TIME(LOCAL OR ZONE)	13C. ZONE DESCRIPTION	13D. TIME OF DAY DAY ☐ NIGHT ☐ TWILIGHT ☐
14. GEOGRAPHICAL LOCATION OF VESSEL AT THE TIME OF INJURY OR DEATH *		15. GEOGRAPHICAL NAME OF BODY OF WATER	
16A. IF INJURY OR DEATH OCCURRED UNDERWAY, PORT OF DEPARTURE	16B. DATE OF DEPARTURE	16C. PORT TO WHICH BOUND	
17A. RESULT OF INCIDENT: ☐ INJURY ☐ DEATH ☐ MISSING			
17B. NATURE OF INJURY	17C. DAYS INCAPACITATED	17D. REASON FOR DEATH	
17E. LOCATION OF INDIVIDUAL AT DEATH	17F. DATE OF DEATH		

*** Location – If at sea, latitude and longitude; if in port, straits, river channels, etc. give name.**

Notification must be made immediately by the fastest means possible to the Deputy Commissioner of Maritime Affairs.
E-mail: info@register-vu.com, Tel: 212 425 9600, Fax: 212 425 9652 or WhatsApp: +17866178896

18. DESCRIPTION OF INCIDENT LEADING TO INJURY OR DEATH. ATTACH DIAGRAMS AND ADDITIONAL SHEETS IF NECESSARY.

19. WITNESSES TO ACCIDENT: AT LEAST TWO, IF POSSIBLE.	
1. NAME	3. NAME
ADDRESS	ADDRESS
2. NAME	4.NAME
ADDRESS	ADDRESS

IV. ASSISTANCE AND RECOMMENDATION

20A. MEDICO (MEDICAL) MESSAGE SENT ☐ YES ☐ NO	20B. IF YES, GIVE DATE OF FIRST MESSAGE	20C. IF YES, GIVE TIME OF FIRST MESSSAGE (LOCAL OR ZONE AND DESCRIPTION)
21A. TREATMENT ADMINISTERED ☐ YES ☐ NO	21B. IF YES, BY WHOM ☐ SHIP'S DOCTOR ☐ OTHER SHIPS PERSONNEL ☐ OTHERS (SPECIFY)	

22(A) BRIEFLY DESCRIBE TREATMENT (IF ADMINISTERED BY OTHER THAN MD)

22(B) WHAT IS THE PROGNOSIS FOR RECOVERY?

23(A) IF INJURED PERSON WAS HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL.

23(B) IF INJURED PERSON WAS NOT HOSPITALIZED, WHEN WAS HE REPATRIATED? WHERE TO?

24. RECOMMENDATIONS FOR CORRECTIVE SAFETY MEASURES PERTINENT TO THIS INCIDENT.

34. DATE OF REPORT	35. SUBMITTED BY (PRINT NAME)	36. SIGNATURE	37. TITLE