

United Kingdom Maritime Pilots' Association

NOTIFICATION OF INCIDENT

This form should be submitted to :-

Drew Smith , Commercial Broking Manager, Circle Insurance,

71 Berkeley St, Glasgow, G3 7DX

Direct Tel: 0141 242 4844 Email: drew.smith@circleinsurance.co.uk

Name

Address

Town

County

Post Code

Pilot Association

Port

Harbour Master Name

Date

Time

GMT/BST

VESSEL DETAILS

Name / Call Sign

Flag

Port of Registry

Call Sign

GRT

Length

Beam

Draft

Bound From

Bound To

Speed of Vessel (Knots)

Compass Heading

Officer on Watch Name

Tugs and Position

SEA / WEATHER

State of Tide

Current

Nearest HW

Wind Velocity

Direction

Gusts

Sea Height

Weather Conditions

Visibility

DAMAGE TO PROPERTY OR VESSELS

Was damage sustained by the piloted vessel Y/N ?

Damage sustained by any craft, fixed or floating objects or installation.

BODILY INJURY

Names (if known)

Emergency Services required (Tick as appropriate)

Police **Ambulance** **Rescue Services**

GENERAL

Was another Pilot aboard the vessel at the time of incident Y/N ?

Have you received any formal requests or orders to attend any informal or informal meeting or hearing relating to the incident, if so whom and when.

BRIEF DETAILS OF INCIDENT

Signed _____

Print: _____ Dated _____