

United Kingdom Maritime Pilots' Association

NOTIFICATION OF INCIDENT

See bottom of form for submission instructions

Name

Address

Town

County

Postcode

Port

Harbour Master Name

Date

Time

VESSEL DETAILS

Name

Flag

Port of Registry

IMO Number

GRT

Length

Beam

Draft

Last Port

Next Port

Master's 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?

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

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

Signature _____

Name _____ Date _____

On Completion:

1. Save the file to your Desktop / File [Right Click "save as" or similar action].
2. Email the saved file as an attachment to insurance@ukmpa.org
AND/OR post to:
Mr Ian Storm.
Circle Insurance Services Ltd. 71 Berkeley Street, Glasgow. G3 7DX

[Direct Tel: +44 (0)1412 499914]