### NOTICE OF ACCIDENT

**(P&I insurance)**

|  |  |
| --- | --- |
| Vessel *(name, IMO)*: |  |
| Owner: |  |
| Management Company: |  |
| Claimant: |  |
| Voyage *(cargo, port of loading /port of discharge)*: |  |
| Place of accident: |  |
| Date and time of accident:  |  |
| Short description: |  |
| Measures undertaken: |  |

Captain or other representative of the Owner:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel. / fax**

**Emai:**