

MARITIME SAFETY AUTHORITY OF FIJI

REPORT OF ACCIDENT OR OTHER OCCURRENCE  
(Maritime Transport Act 2013)

To: Chief Executive Officer (MSAF)

PARTICULARS OF SHIP

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Name of ship: \_\_\_\_\_ Registered No. of Ship \_\_\_\_\_

Port of Registry: \_\_\_\_\_ Measured Length: \_\_\_\_\_

If Ship classed

Name of Society: \_\_\_\_\_

Name & Address of Owner (s): \_\_\_\_\_

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Date of Occurrence: \_\_\_\_\_ Place of occurrence: \_\_\_\_\_

Number of Persons onboard: \_\_\_\_\_ Crew: \_\_\_\_\_ Passenger on a voyage  
from: \_\_\_\_\_ to: \_\_\_\_\_

Master's Name: \_\_\_\_\_

Master's Address: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

NATURE AND PARTICULARS OF ACCIDENT OR OTHER OCCURRENCE

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Date: \_\_\_\_\_