



KIRIBATI SHIP REGISTRY

Report of Security Incident

This form can be submitted by Owner or Master within 24 hours of the security incident or at the earliest opportunity via fax or email to this office. Once the SSAS has been activated, an initial notification shall be made immediately by email to emergency@kiribaship.com or via telephone at +65 6225 0555.

(A) Incident Particulars		
<i>Type of Security Incident</i>		
<input type="checkbox"/> Terrorism	<input type="checkbox"/> Hijack	<input type="checkbox"/> Sea Robbery
<input type="checkbox"/> Theft	<input type="checkbox"/> Hostage	<input type="checkbox"/> Blockade
		<input type="checkbox"/> Threat
		<input type="checkbox"/> Sabotage
		<input type="checkbox"/> Others :
<i>Date of occurrence of security incident</i>		<i>Time of occurrence of security incident</i>
<i>Position of Security Incident</i>		
<i>Name of Place of Occurrence</i>	<i>Latitude</i>	<i>Longitude</i>
<i>Description of Security Incident</i>		
<i>Condition of the Ship and Cargoes (Damages)</i>		
<i>Status of the Crew (Injury)</i>		
<i>Details of the various Authorities notified</i>		
<i>Details of external assistance received and from whom</i>		
<i>Details of assistance required</i>		

(B) Vessel's Particulars			
<i>Vessel Name</i>	<i>IMO Number</i>	<i>Call Sign</i>	<i>MMSI Number</i>
<i>INMARSAT ID(s)</i>	<i>Gross Tonnage</i>	<i>Type of Vessel</i>	<i>Type of Cargo</i>
<i>Last Port of Call</i>		<i>Next Port of Call</i>	

(C) Owner / Ship Manager Particulars			
<i>Name of Owner</i>			
<i>Telephone</i>	<i>Facsimile</i>	<i>Mobile</i>	<i>Email</i>
<i>Name of Ship Manager</i>			
<i>Telephone</i>	<i>Facsimile</i>	<i>Mobile</i>	<i>Email</i>
<i>Name of SSO</i>		<i>Contact Details</i>	
<i>Name of CSO</i>		<i>Contact Details</i>	

(D) Particulars of Person Submitting this Report	
<i>Name of Person</i>	<i>Designation</i>
<i>Company</i>	<i>Contact Details</i>