



HONG KONG MARINE DEPARTMENT 香港海事處

REPORT OF MARINE INCIDENT 海上事故報告

1. This form is to facilitate the reporting of the following marine incidents:
- on Hong Kong registered vessels and Hong Kong licensed local vessels outside Hong Kong waters: incidents involving the vessels; personnel on board; and dangerous occurrence; or
 - on all vessels within Hong Kong waters: incident involving the vessels; personnel on board; and marine industrial incident.

(Note : Please also complete Annex 1 - Additional Information for Reporting of Shipping Incident Happened within Hong Kong Waters, and Annex 2 - Particulars of Personnel Injured/Death/Missing in the Incident, if applicable)

此表格用於報告以下海上事故:

- 在香港水域外香港註冊的船隻和香港本地領牌船隻上：事故涉及船隻；船上人員；及危險事故；或
- 在香港水域內所有船隻上：事故涉及船隻；船上人員；及海上工業事故。

(註：如適用，請同時填寫附件一“發生於香港水域內船舶事故附加資料”和附件二“受傷、死亡、失蹤人員資料”)

2. The information collected will be used solely for investigation to find out whether there are any new lessons to be learnt and what actions need to be taken to prevent the re-occurrence of similar incidents. Please provide all information requested in the form as far as practicable and return the completed form to the Marine Accident Investigation Section (MAIS) of Hong Kong Marine Department (HKMD) as soon as possible within 24 hours after the incident by Fax: (852) 2543 0805 or e-mail: ss-mai@mardep.gov.hk

此等資料只作調查用途，汲取新教訓，找出有效措施防止同類事故再次發生。請盡量提供表格內所需資料，完成後盡可能在 24 小時內將表格傳真到 +852 2543 0805 或電郵至 ss-mai@mardep.gov.hk 香港海事處海事意外調查組收。

3. Please refer to <http://www.mardep.gov.hk/en/publication/elawr.html> for regulations requiring the reporting of marine incident to the Marine Department.

請參閱連結 <http://www.mardep.gov.hk/en/publication/elawr.html> 內關於向海事處報告海上事故的法例要求。

I. Particulars of the Vessel 船隻資料：

Name of Vessel (Block Letters) 船隻名稱 (正楷)	IMO / Official / Licence / C.O.O. No or Call Sign* IMO / 正式 / 牌照 / 擁有權證明書 號碼 或 呼號 *	Nationality 船籍	Port of Registry 註冊港口

Date of Construction 建造日期	Gross Tonnage 總噸位	Length and Breadth (metres) 長及寬 (米)	Draught (metres) 吃水 (米)	Type of Vessel 船隻類別	Area of trade 航區
(ddmmyyy) (日月年)		Length Overall 總長: Extreme Breadth 最大寬度:	Fwd 前 : Aft 後 :		<input type="checkbox"/> Worldwide 環球 <input type="checkbox"/> Coastal 沿海 <input type="checkbox"/> River-trade 內河 <input type="checkbox"/> Local 本地

Name and address of owner/operator/ship manager/agent * 船東、經營人、管理公司、代理人名稱和地址 *	Tel. No. 電話號碼:
	Fax No. 傳真號碼:
	E-mail 電郵:

II. Particulars of the Incident : 事故資料

Please select one type of incident below 請選擇以下其中一種事故:

Ship Incident 船舶事故			
<input type="checkbox"/> Collision 撞船	<input type="checkbox"/> Contact / Striking with object 觸碰 / 與物件撞擊	<input type="checkbox"/> Stranding/Grounding 擱淺 / 觸礁	<input type="checkbox"/> Foundering/Sinking 沉沒 / 下沉
<input type="checkbox"/> Fire / Explosion 失火 / 爆炸	<input type="checkbox"/> Capsizing / Listing 翻覆 / 傾側	<input type="checkbox"/> Structural Failure 結構故障	<input type="checkbox"/> Machinery Damage 機械損壞
<input type="checkbox"/> Damage to Equipment 器材損壞	<input type="checkbox"/> Heavy Weather Damage 惡劣天氣損壞	<input type="checkbox"/> Vessel Missing 船隻失蹤	<input type="checkbox"/> Lifeboat Operation 救生艇操作
<input type="checkbox"/> Others (please specify) : (for example : flooding, oil pollution, etc) : 其他 (請注明) : (例如 : 水浸、油污 等)			
Note : If the incident happened within Hong Kong Waters, please also complete the Annex 1 註 : 如事故於香港水域內發生, 請同時填寫附件一			
Marine Industrial Incident 海上工業事故		<input type="checkbox"/> Cargo Handling 貨物處理	<input type="checkbox"/> Ship Repairing 船舶修理
		<input type="checkbox"/> Marine Construction 海上建造工程	
Dangerous occurrence 危險事故		<input type="checkbox"/> (While some information requested in this form may not be applicable for the reporting of dangerous occurrence, please enter as much information as possible) 一些表格內要求填報的資料可能不適用於報告危險事故, 請盡量提供有關資料	
Incident involving personnel (passengers, crew or other persons) 事故涉及人員 (乘客、船員或其他人員)		<input type="checkbox"/>	

Please give details below if there is any injury, death and missing of personnel arising from above incident :
如以上事故做成任何人員受傷、死亡或失蹤, 請提供以下資料 :

No. of injury on own vessel 本船受傷人數			No. of death on own vessel 本船死亡人數			No. of missing from own vessel 本船失蹤人數		
Crew : 船員	Passenger : 乘客	Other person : 其他人員	Crew : 船員	Passenger : 乘客	Other person : 其他人員	Crew : 船員	Passenger : 乘客	Other person : 其他人員

(Please complete Annex 2 for the information of each of the above personnel as far as practicable)
請盡可能填寫附件二內以上每名人員的資料

Date and Time (local time) of the incident 事故日期和時間 (當地時間) (ddmmyyy) (日月年) :	Vessel position and/or name of port 船隻位置及或港口名稱 (Lat/Long) (經緯度) :	Name of pilot on board, if applicable : 船上領港員姓名, 如適用
(hh mm) (時分) :	Name of port 港口名稱 :	

Departure 啓航 Port / Country 港口/國家 :	Destination 目的地 Port / Country 港口/國家 :	Vessel in transit HK waters? 船隻是否途經香港水域	Had transit reported to HKMD? 過境時有否向海事處報告
Date (ddmmyyy) 日期 (日月年)	ETA(ddmmyyy) 預計到達日期(日月年) :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 是 否 不適用	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 是 否 不適用

State of Weather 天氣狀況	Wind Direction and Force 風向和風力	State of sea & swell 海面 and 湧浪狀況	Visibility (nautical miles / metres*) 能見度 (海浬/米*)

Damage to own vessel and / or cargo (Fill in IMO damage card if applicable)
 本船及或貨物的損毀情況 (如適用者，請填寫國際海事組織的損毀報告)
 (Note : This part is only applicable to the reporting of shipping incident) (註：此部份只為適用於報告船舶事故)

The particulars of any other vessel involved; and the damage to other vessel, cargo and/or property (pier, bridge etc.) :
 任何其他涉事船隻的詳情和他船貨物及或財產(碼頭、橋樑等)的損毀情況:
 (Note : This part is only applicable to the reporting of shipping incident) (註：此部份只為適用於報告船舶事故)

Was the vessel seaworthy in all respects? Yes 是 No 否
 船隻是否各方面均為適航

Oil on board (tonnes) 船上油量 (公噸)	Bunker fuel : 重油	Diesel oil : 柴油	Lube oil : 潤滑油
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Name and rank of the person in charge of the vessel at the time of the incident :
 事故發生時船上負責人的姓名和職級

Name of Master / Coxswain * 船長姓名	Name of Chief Engineer / Engine Operator* 輪機長/輪機操作員姓名
Certificate No.: 證書號碼	Certificate No.: 證書號碼
Grade of Certificate : 證書級別	Grade of Certificate : 證書級別
Date and Place of Issue : 簽發日期和地點	Date and Place of Issue : 簽發日期和地點
Contact Tel. No.: 聯絡電話號碼	Contact Tel. No.: 聯絡電話號碼

III. Account of incident 事故描述:

Please give a brief description of the sequence of events leading to the incident, and comment upon how similar incident might be avoided, and any safety factors arising from the events. For example: what improvement in supervision, training or maintenance had you made; what new safety equipment, safety measures, or safe working systems will you introduce or have been requested? (You may refer to the appended guidance in completing this section)

請簡述導致事故的序列，並對如何避免同類事故發生和事件所引起的任何安全問題提供意見。例如：監工、訓練、或維修上可作甚麼改善；你將會引入或已要求改善那些安全設備、安全措施、或安全工作系統？（你可以參考附加的指導，完成本節）

(Use extra sheet of paper if the space is insufficient) (如果空間不足，請使用額外的紙張)

IV. Signature & Stamp 簽署和蓋章:

Signature, full name, designation and address of person providing the above information

提供以上資料者的簽署、全名、職位和地址：

Signature 簽署	Vessel/Company Stamp 船隻/公司蓋章	Full Name 全名	Designation 職位
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Correspondence address :

通訊地址

Contact Tel. No.:

聯絡電話號碼:

Date :

日期

Signature and Title of officer completing this Form (if applicable)

填寫這份表格人員的簽署和職銜（如果適用）

Signature 簽署	Vessel/Company Stamp 船隻/公司蓋章	Full Name 全名	Designation 職位
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Contact Tel. No.:

聯絡電話號碼:

Date :

日期

(Additional Information for Reporting of Shipping Incident Happened within Hong Kong Waters)
(發生於香港水域內船舶事故附加資料)

Locations and Duties of Officers and Ratings on Board
(值班高級船員和值班普通船員的站崗和職責)

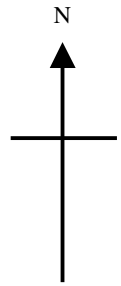
Name 姓名	Rank 職位	Location Wheelhouse / Engine Room 位置 駕駛台/機艙	Duties (Steering, Lookout, Command or others) 職務 (操舵、瞭望、指揮或其 它)	Watch Keeping Hours 值班時間	Name of previous watch officer / rating 對上一更值班高級船員、普通船員的 姓名

Signature of Master and Vessel's Stamp: _____

船長簽名及船章

日期 Date: _____

Sketch Plan 草圖



(Use extra sheet of paper if the space is insufficient) (如果空間不足，請使用額外的紙張)

(Particulars of Personnel Injured/Death/Missing in the Incident)
受傷、死亡、失蹤人員資料

Crew, passenger or other person 船員、乘客或其他人員 *

Name 姓名:		Gender 性別:	Age 年歲:	No. of HKID/Passport/SERB No. or equivalent 香港身份證/護照/海員僱用登記簿或同等級的 號碼			
English (Surname First) 英文 (姓在前)		male / female * 男 / 女 *					
Chinese (If applicable) 中文 (如適用)							
<input type="checkbox"/> Passenger 乘客 <input type="checkbox"/> Crew 船員 What is his rank 所屬職級:		<input type="checkbox"/> Other person, please specify his occupation: 其他人員, 請註明其職業					
Correspondence address 通訊地址 :				Contact Tel. No. 聯絡電話號碼:			
Sea Experience: 航海經驗	Overall: 總共 :	Year(s) 年	Month(s) 月	Worked in present vessel: 在本船工作	Year(s) 年	Month(s) 月	
The highest qualification achieved: 已考獲的最高資格			Training: 訓練	<input type="checkbox"/> Pre-sea 出海前	<input type="checkbox"/> In-service 在職	<input type="checkbox"/> Advance 高級	<input type="checkbox"/> Nil 沒有
Nature of Injury 受傷類別							
<input type="checkbox"/> Fracture of the skull, spine or pelvis 頭顱骨、脊柱、盆骨骨折		<input type="checkbox"/> Fracture of any bone in the arm other than in the wrist or hand or in the leg other than in the ankle or foot 手臂 (不包括手腕或手掌)、腳 (不包括足踝或腳掌) 的任何部位骨折					
<input type="checkbox"/> Loss of a hand or foot 喪失手掌或腳掌		<input type="checkbox"/> Loss of sight of an eye 任何眼睛失去視力		<input type="checkbox"/> Multiple injuries 身體多處受傷		<input type="checkbox"/> Loss of consciousness 失去知覺	
<input type="checkbox"/> Other, please specify (e.g. bruise, minor cuts, bleeding etc) 其他, 請註明 (例如 瘀傷、割傷、流血 等等)							
Degree of disability (Fatalities, temporary or permanent disabilities) Please state period of incapacity 傷殘程度 (死亡, 暫時或永久殘疾) 請指出喪失工作能力時期							
Name of his Employer or the Employing Company (except passenger) : 僱主或僱用公司名稱 (乘客除外) :							
Correspondence address 通訊地址 :				Contact Tel. No. 聯絡電話號碼 :			

(Use a separate sheet of Annex 2 for particulars of each person) (請使用新的附件二填寫每一人員資料)