



SHIPOWNERS

SECURITY FOR SMALL & SPECIALIST VESSELS

CLAIMS CAUSATION FORM – INJURY/ILLNESS/DEATH

PRIVILEGED AND CONFIDENTIAL: in contemplation of litigation

Vessel Name _____ Club file reference _____
Country _____ Port _____
Was the incident weather related? Yes No
What were the weather conditions?
Who did the incident occur to? 3rd party Crew Passenger
Resulted in death Yes No Age Nationality
Work related? Yes No Location of incident _____
Repartriation required? Yes No Deviation required? Yes No

Injury

Injury type _____

Body part injured _____

Illness

Nature of illness _____

Pre-existing illness? Yes No PEME carried out? Yes No

Root cause of incident (select appropriate cause)

3rd party negligence _____ Inadequate procedures/guidance _____
Act of God _____ Insufficient training _____
Human factor _____ Personal illness _____
Inadequate ship maintenance _____ Shore-based management _____

Additional comments