



TUVALU SHIP REGISTRY

Report of Security Incident (RSI)

Tuvalu Ship Registry
 10 Anson Road #25-16
 International Plaza
 Singapore 079903
 Tel: (65) 6224 2345
 Fax: (65) 6227 2345
 Email: info@tvship.com
 Website: www.tvship.com

Instructions:

1. Owner / Operator / Master to complete and submit this Form for any incidents (attempted or actual) of piracy, armed attacks, hijacking or terrorism etc. at its earliest opportunity via fax or email to the Tuvalu Ship Registry.
2. This form must be completed in full and entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N/A."
3. Attach separate Form PI to this report for each person injured, killed, or incapacitated as a result of this incident.
4. Attach separate Form Casualty to this report for any damage or loss to the vessel.
5. The purpose of this notification and reporting are to enable the registry to evaluate the situation and provide the necessary assistance to the vessel as soon as possible and further enhance our responses to future security incidents.

1. VESSEL / OWNER / MANAGER PARTICULARS

Vessel Name	Official Number	IMO Number	Type of Vessel
Gross Tonnage	Propulsion	Type of Cargo / Quantity	Ship's Freeboard metres
Name of Owner			
Telephone	Facsimile	Mobile	Email
Name of Shipmanager			
Telephone	Facsimile	Mobile	Email
Name of CSO	Contact Details		
Name of SSO	Contact Details		
Number of Crew and Nationality (crew list with the required information may be attached instead)			

2. VESSEL STATUS & POSITION

Date of Incident	Time (UTC)	Period of Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight
Visibility <input type="checkbox"/> < 2 miles <input type="checkbox"/> 2 - 5 miles <input type="checkbox"/> > 5 miles	Sea State / Weather	
Latitude	Longitude	Geographical Name of Body of Water / Name of Port
Last Port of Departure	Date of Departure	
Port to which Bound	Date of Expected Arrival	
If Anchored (Name of Anchorage)	Marine Security Level	

If Berthed (Name of Facility)	Marine Security Level
If Underway (Ship Heading) deg. True	Speed knots
3. SHORE / PORT AUTHORITY CONTACT DETAILS	
Reported to Shore Authorities (if No, please fill "N/A". If Yes, please fill in to Whom the report was made to)	
Reported to Port Facility Security Officer (if No, please fill "N/A". If Yes, please fill in name & contact details)	
Action taken by Shore / Port Authorities (please provide brief summary)	
Preferred Communications by Shore / Port Authorities with reporting ship	
4. INCIDENT DETAILS	
<input type="checkbox"/> Terrorism <input type="checkbox"/> Hijack <input type="checkbox"/> Sea Robbery <input type="checkbox"/> Threat <input type="checkbox"/> Sabotage <input type="checkbox"/> Theft <input type="checkbox"/> Hostage <input type="checkbox"/> Blockade <input type="checkbox"/> Others :	
Method used by perpetrators to stop or board the vessel	
Type of weapons used by perpetrators	
Number of perpetrators involved and duration of attack, type of attack (attempted / boarded) and whether attack was aggressive/violent	
Suspected or known identity and description of perpetrators (e.g. dress, physical appearance, language spoken, if known)	
Injury or loss of life (if Yes, please complete and attach Form PI – Report on Injury of Loss of Life)	
Damage to, or loss of vessel (if Yes, please complete and attach Form Casualty – Report of Shipping Casualty)	
Items Stolen and estimated replacement cost in US\$	

Details of incident, including consequences to the crew, even if there were no physical injuries (e.g., from which direction approached, craft and communication equipment used, last observed movements of perpetrators/suspect craft, area of ship being attacked, etc.) Attach separate sheet if necessary.

Action taken by crew

Recommended additions to SSP/new measures needed to prevent recurrence, i.e., set higher MARSEC level, additional lighting, etc.

5. PARTICULARS OF PERSON SUBMITTING THIS REPORT

Name of Person	Designation
Company	Contact details
Date of Report	Signature