



NOTIS PERKAPALAN BIL: 03/2012
SHIPPING NOTICE: 03/2012

Jabatan Laut Address; Serasa, Muara BT1728, Negara Brunei Darussalam
Marine Department Tel: 673-2771347 to 2771352 and Fax: 673-2771357 / 2770782

Untuk Perhatian: Pemilik, Syarikat Pengurusan, Nakhoda dan Ejen-Ejen Perkapalan
For the attention of: Shipowner, Ship Management, Shipmaster and Shipping Agents

<p align="center">BORANG LAPORAN KEMALANGAN DI LAUT MARINE CASUALTY REPORT FORM</p>

Adalah dimaklumkan kepada semua Pemilik, Syarikat Pengurusan, Nakhoda dan Ejen-Ejen Perkapalan mengenai dengan perkara diatas.

Borang ini hendaklah di isi secepat mungkin dan di hantar kepada Pengarah Laut dalam masa **24 jam** dari masa kejadian.

Borang boleh di hantar melalui:

- Fax: +673 2771357 (Marine Head Quarters)
- Tel: +673 2770270 (Muara Signal Station) operating 24 hours
- Fax: +673 2770293 (Muara Signal Station) operating 24 hours
- Email: signalstationmuara@marine.gov.bn

Bersama ini di sertakan 'Borang Laporan Kemalangan Di Laut' untuk rujukan semua.

This is to inform all Shipowner, Ship Management, Shipmaster and Shipping Agents regarding the above mentioned matter.

The form is required to be filled immediately and to be submitted to the Director of Marine within 24 hours of the incident.

The form is to be submitted to the following:

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- Tel: +673 2770270 (Muara Signal Station) operating 24 hours
- Fax: +673 2770293 (Muara Signal Station) operating 24 hours
- Email: signalstationmuara@marine.gov.bn

Attached is the 'Marine Casualty Report Form' for your reference.

(HAJI SALIHIN BIN HAJI ASPAR)
Pemangku Pengarah Laut
Act. Director of Marine

Ruj / Ref : 40 / JL / OL / 23.1
Tarikh / Date : 11 April 2012 / 11th April 2012
s.k / c.c : Master File
File



**MARINE DEPARTMENT
MINISTRY OF COMMUNICATIONS
SERASA, MUARA, BT1728
NEGARA BRUNEI DARUSSALAM**

MARINE CASUALTY REPORT FORM

SHIP'S DETAIL		
1	Name of ship	
2	Port of Registry	
3	Official Number	
4	Type of Ship	
5	GT / NT / DWT	
6	Number of Crew	
7	Number of Passenger (if any)	
8	Name of Master Nationality Certificate of Competency	
9	Type of Cargo	
CASUALTY DETAIL		
1	Date	
2	Time	
3	Location	
4	<u>Ship's Position</u> Latitude Longitude	
5	Type of Casualty	
6	Number and Name of Vessels involved	
7	Any Pollution occurs?	
8	Type and Estimation of Pollution	
9	Number of Dead / Missing	



**MARINE DEPARTMENT
MINISTRY OF COMMUNICATIONS
SERASA, MUARA, BT1728
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SUMMARY OF CASUALTY

10	Name and Telephone Number of Shipping Agent	
11	<u>Name and signature of Reporter</u> Rank Date	

Note:

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