



NIUE SHIP REGISTRY

Report of Security Incident (Form NRSI)

Niue Ship Registry
10 Anson Road
International Plaza #25-15
Singapore 079903
Tel: (65) 6226-2001
Email: info@niuanship.com
http://www.niuanship.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 Niue 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 NPI to this report for each person injured, killed, or incapacitated as a result of this incident.
4. Attach separate Form NCasualty 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 NPI – Report on Injury of Loss of Life) | |
| Damage to, or loss of vessel (if Yes, please complete and attach Form NCasualty – 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 |