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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PASSENGER ACCIDENT - PASSENGER’S STATEMENT** |  |  |  |  |  | | | | | | | | | Report No. (e.g. DIA/001/00/P)       /P |  |
| **PRIVATE & CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS** |  |  |  |  |  |  |  | | | | | | | | |
| Full Name | | | | | | | | | | | | | | | |
| Cabin No. | | | | | | | | Cruise No. | Booking/Passage Ticket No. | | | | | | |
| Date of Birth | | | | | | | | Age | Nationality | | | | Occupation | | |
| Sex | | | | | | | | |
| Address of injured person | | | | | | | | | Name, address and tel. of person travelling with injured pax. | | | | | | |
| Home Tel No. | | | | | | | | |
| Travel agent | | | | | | | | | | | | | | | |
| Please state in your own handwriting and as accurately as you can:  - The date and time the accident. | | | | | | | | | | | | | | | |
| - Where the accident occurred (if ashore state the name of the tour you were on if applicable). | | | | | | | | | | | | | | | |
| - How you sustained your injury. | | | | | | | | | | | | | | | |
| - The nature of the injury (including the exact part of your body that is injured). | | | | | | | | | | | | | | | |
| Signature of Injured Person |  | | | | | | | | | Date |  |  | | | |