

# VGT *Equipment Accident Report*

Valletta Gateway Terminals Ltd

Date of Report
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## A. Accident on Board

Name of Vessel	Shipping Line
Local Agent	
Place of Accident: <input type="checkbox"/> Garage <input type="checkbox"/> Deck <input type="checkbox"/> Ramp	Berthed:

## B. VGT Vehicle

VGT Unit Number – (if available)	Registration Number	Make/Model
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## C. VGT Driver

Name	Employee No.	Identity Card No.
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## D. Sub contractor

Driver and identity card number	Contractor	
Contractor's Unit Number (if available)	Registration Number	Make/Model

## E. Shipboard equipment, other vehicles and drivers

Registration Number – if available	Province/State of Plate	License Expiry Date – if available
Name of Insurance Company – if available	Policy Number	Name of Agent and Address
Year and Make	Model (Body Type: Sedan, Mini Van, lifters, tug masters, caravans etc.)	
Crew/Driver's Name	License Number	License Expiry Date
Address – (if any)		

**F. The Accident**

**VGT - Valletta Gateway Terminals Ltd**

Date	Time (AM/PM)	Location	At the time of the accident was the vehicle being used for: <input type="checkbox"/> Discharging <input type="checkbox"/> Loading <input type="checkbox"/> personal use
Light Conditions during accident	Weather at Time of Accident if ashore	Container number if involved	Trailer number if involved
Direction of Other Vehicle	Vehicle lights <input type="checkbox"/> On <input type="checkbox"/> Off during accident	Number of vehicles involved	Speed (if noted)

**Witnesses during the accident:**

Foreman  VGTsupervisor  tally clerk  stevedore  ship's crew  other: Name \_\_\_\_\_

Did you Give A Warning Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Kind?	Which Lights Did You see On (if any)?
Did the Other Driver Give A Warning Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No	What Kind?	Did the Other Driver Have their lights On? <input type="checkbox"/> Yes <input type="checkbox"/> No

**G. Injuries and Damage** (please attach a separate sheet if you require more room.)

Nature of Damage to other Vehicles
Nature of Injuries to Drivers
Nature of Damage to Unit: (please tick)  <input type="checkbox"/> front/rear bumper <input type="checkbox"/> bonnet <input type="checkbox"/> right/left mudguard <input type="checkbox"/> grill <input type="checkbox"/> front right/left door <input type="checkbox"/> back right/left door <input type="checkbox"/> roof <input type="checkbox"/> windscreen <input type="checkbox"/> front panel <input type="checkbox"/> rear bonnet/door  <input type="checkbox"/> front right/left lights <input type="checkbox"/> back right/left lights <input type="checkbox"/> windows <input type="checkbox"/> other (indicate) _____  _____  _____

**H. Detailed description of How Accident, Loss or Mechanical Damage Occurred**

Who Do You Think Was to Blame?	Why?
Signature and name in block letters	Date

If helpful, illustrate the accident. Be sure to note:

- Course of all cars, tug masters, trailers involved, and
- Position of vehicles/containers at instant of accident.

