

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



MINISTRY OF TOURISM
REPUBLIC OF MALDIVES

ACCIDENT/ INCIDENT REPORT FORM

Details of the Tourist Facility

Name of the Tourist Facility: _____

Type of Facility: _____

Atoll and Island: _____

Ministry of Tourism Focal Point contacted

Name: _____ Contacted Date: _____

Designation: _____ Contacted Time: _____

Details of the Accident/ Incident

(If space is insufficient, please attach additional page/s with the form)

Date of Accident/ Incident: _____ Time: _____

Type of Accident/ Incident
(Eg: Fire/ tourist death, etc): _____

Summarized description: _____

Actions taken by the facility: _____

Details of Tourist/s Affected						
(Please attach any additional information necessary)						
Name of tourist	Nationality	Passport No	Age	Deceased? (Yes/ No)	Details of Injury / Cause of Death	Activity involved during incident/ accident (If applicable)

Details of Employee/s Affected						
(Please attach any additional information necessary)						
Name of Employee	Nationality	Passport or Work Permit No/ ID No	Age	Deceased? (Yes/ No)	Details of Injury / Cause of Death	Activity involved during incident/ accident (if applicable)

Details of Structural damage/s			
(Please attach pictures of damages)			
Location	Size (in m ²)	Construction Materials used	Details of damages and comments

Brief Description of current status											
<p>_____</p> <p>_____</p>											
<table border="1"> <thead> <tr> <th colspan="2">Accident/ Incident focal point from the facility</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td>_____</td> </tr> <tr> <td>Designation</td> <td>_____</td> </tr> <tr> <td>Contact Number</td> <td>_____</td> </tr> <tr> <td colspan="2">Investigation authority in-charge of the accident/ incident _____</td> </tr> </tbody> </table>	Accident/ Incident focal point from the facility		Name	_____	Designation	_____	Contact Number	_____	Investigation authority in-charge of the accident/ incident _____		Facility Stamp and Manager's Signature:
Accident/ Incident focal point from the facility											
Name	_____										
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Kindly email this form and relevant supporting documents to dmu@tourism.gov.mv