



## ACCIDENT / INCIDENT REPORT FORM

### Resort/Hotel/Guest-house/Tourism Vessel/Marina/Picnic Island - Details

Name of the Tourism Facility: .....

Person Filing the Report: .....

Designation: ..... Contact No: .....

### Tourism Ministry Official Contacted

Name:..... Designation:.....

Contacted Date:..... Contacted Time:.....

### Summary of Accident / Incident (if the space is insufficient please attach additional page with the form)

Date: ..... Time: .....

Summary Description: .....

.....

.....

### Tourists Affected ( please attach additional information if necessary )

Name	Nationality	Age	Check-in Date	Injury/ Comments:
1-				
2-				
3-				
4-				

**Employees Affected** (please attach additional information if necessary)

Name	Nationality	Age	Job Title	Injury/ Comments:
1-				
2-				
3-				
4-				

**Structures Affected** (please attach additional information if necessary)

Name	Size (m2)	Construction Materials Used	Damage Details/ Comments:
1-			
2-			
3-			
4-			

Brief description of action/ treatment/ investigation/ measures/ procedures taken:

.....  
 .....

Key person attending treatment/investigation: .....

Resort Seal

Please fax this form to number: (+960)3322512 or email: [dmu@tourism.gov.mv](mailto:dmu@tourism.gov.mv)

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