Gard
Crew Claims Report

2026

Behind every data point covered in this report, there is a story of a seafarer and their family.

1. About this report

In Gard, we aim to contribute to improved safety, health and wellbeing of crew working on board ships and mobile offshore units insured by us.

Our intention is to highlight aspects that influence the safety and wellbeing of crew and that in our view deserve industry attention.

Christen Guddal, Executive Vice President, Nordics Chief Underwriting Officer and Chief Claims Officer

This report forms part of our broader strategic ambition, “Safer with Gard”, meaning that those insured with us benefit from the insight and expertise gained through what is arguably one of the largest datasets and broadest claims experiences of any specialised marine insurer.

This is the third Crew Claims Report published by Gard. Its purpose is to share insights drawn from our claims data and provide our view on risk mitigation and accident prevention, with the aim of improving safety and wellbeing on board.

Rather than being a scientific paper produced by researchers, this report has been developed by Gard employees with deep knowledge and experience as former seafarers, healthcare professionals and other expertise, combined with practical claims handling and management experience. Its value rests in real-life data analysed and interpreted by practitioners in the field. The intention is to highlight aspects that in our experience influence the safety and wellbeing of crew and that in our view deserve industry attention.

Given our line of business, our data does not capture everything that goes well. Neither does it show the ‘near misses’ where outcomes easily could have been more serious. Instead, it reflects incidents involving crew illness, injuries or in the most severe cases, loss of life.

We are aware that, while work at sea can at times be dangerous, most voyages are completed without any incidents and without crew being injured. This comes down to a number of factors including risk awareness, good quality ships and highly competent crew.

With the above in mind, we hope this report will be both interesting and relevant, and spur constructive dialogue about prevention and mitigation. After all, global welfare depends on effective international trade, which in turn relies on a strong shipping industry. This again depends on competent, safe, secure, healthy and supported crew.

Gard published its first Crew Claims Report in 2024 and the second report followed in 2025.

2. Executive summary

This report draws on one of the largest datasets of P&I crew claims in the maritime industry. It examines patterns in crew illness, injuries, and fatalities registered in 2025, and combines claims data with practical analysis by experienced former seafarers, healthcare professionals, and claims specialists at Gard.

In 2025, Gard registered more than 6,500 P&I claims, nearly half of which were people-related. Crew claims accounted for more than 90 per cent of these people claims. While overall crew claim frequency has stabilised following the COVID-19 years, our data suggests that the industry is managing risk rather than significantly reducing it.

Most crew claims still result from illness, comprising almost 60 per cent of all cases. Cardiovascular disease continues to stand out as the most serious health concern, accounting for both the highest number of fatalities and the highest costs. Injury claims also remain consistent with previous years, with “slips, trips, and falls” continuing to dominate. Fatalities, although relatively infrequent, still represent a significant human cost and an industry challenge.

This year, Gard carried out a deeper review of around 400 injury cases to better understand the operational circumstances surrounding accidents. Several patterns emerged:

- Injuries are as likely to occur on the main deck as in the engine room. Most incidents happened during planned routine work rather than resulting from unexpected or emergency tasks.
- The first three months on board, and particularly the first month, remain the most high-risk period for seafarers.
- The highest concentration of injuries occurred during the early morning work period between 08:00 and 10:00. This suggests that work routines, operational pressures, adjustment and fatigue may all play an important role in accident risk.
- Experience (age or rank) alone does not appear to provide significant protection against injury. Highly experienced crew members were frequently involved in accidents during routine tasks such as maintenance, cargo work and mooring operations. This challenges long-standing assumptions within the industry about how risk is managed on board.

Our conclusion is that improving safety at sea requires more than compliance with procedures and regulations. A deeper appreciation of the fallibility of human performance under real working conditions, including the effects of fatigue, stress, isolation, workload, safety culture, and familiarisation is needed.

Recurring patterns in our claims data suggest that the maritime industry has more to learn from accidents and everyday operations. Ultimately, our industry needs a more human-centred approach to safety – one that incorporates the realities of life and work at sea, designing systems, training, leadership and support around the people who keep global trade moving.

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Key terminology and abbreviations

- Circadian rhythm = The body’s natural internal cycle regulating sleep, alertness, hormones, and other biological functions.
- Frequency = Number of incidents registered during 2025 per number of vessel years.
- IBNR = Incurred but not reported
- PEME = Pre-Employment Medical Examination
- Vessel years = Measure used in marine insurance to calculate risk exposure across fleets and over time. One vessel year represents one vessel insured and in operation for one full year.

3. Introduction

In a global and varied industry, contrasts are evident and widespread.

We know that many of our Members are doing excellent work – both for their own businesses and for the industry in general – to improve working environments for crew. We see well-designed new-builds, good wellbeing initiatives and strong, empathic leadership.

At the same time, we also see seafarers being abandoned in record numbers, the continued prevalence of criminalisation following maritime incidents, and the effects of a changing world, which can leave crews trapped in situations of prolonged vulnerability.

Even with the best of intentions, the nature of work and life at sea has always presented significant challenges when it comes to physical and psychological safety.

In this 2026 report, we have looked into our P&I claims data for 2025 to understand how the year was for crew claims and we have tried to identify broader trends or insights from the data.

Gard registered more than 6,500 P&I claims in 2025. Nearly half of these were people-related, and of those, more than 90% involved crew. The frequency of crew claims has remained largely unchanged over the past five years, suggesting that although, as an industry we may be managing risk, we are not yet reducing it.

Illness remains the most common cause of crew claims, with cardiovascular conditions leading in both severity and cost. Injury claims, particularly those caused by “slips, trips, and falls”, continue to follow familiar patterns. Fatalities, while rarer, sadly remain a deeply concerning and all-too-present reality.

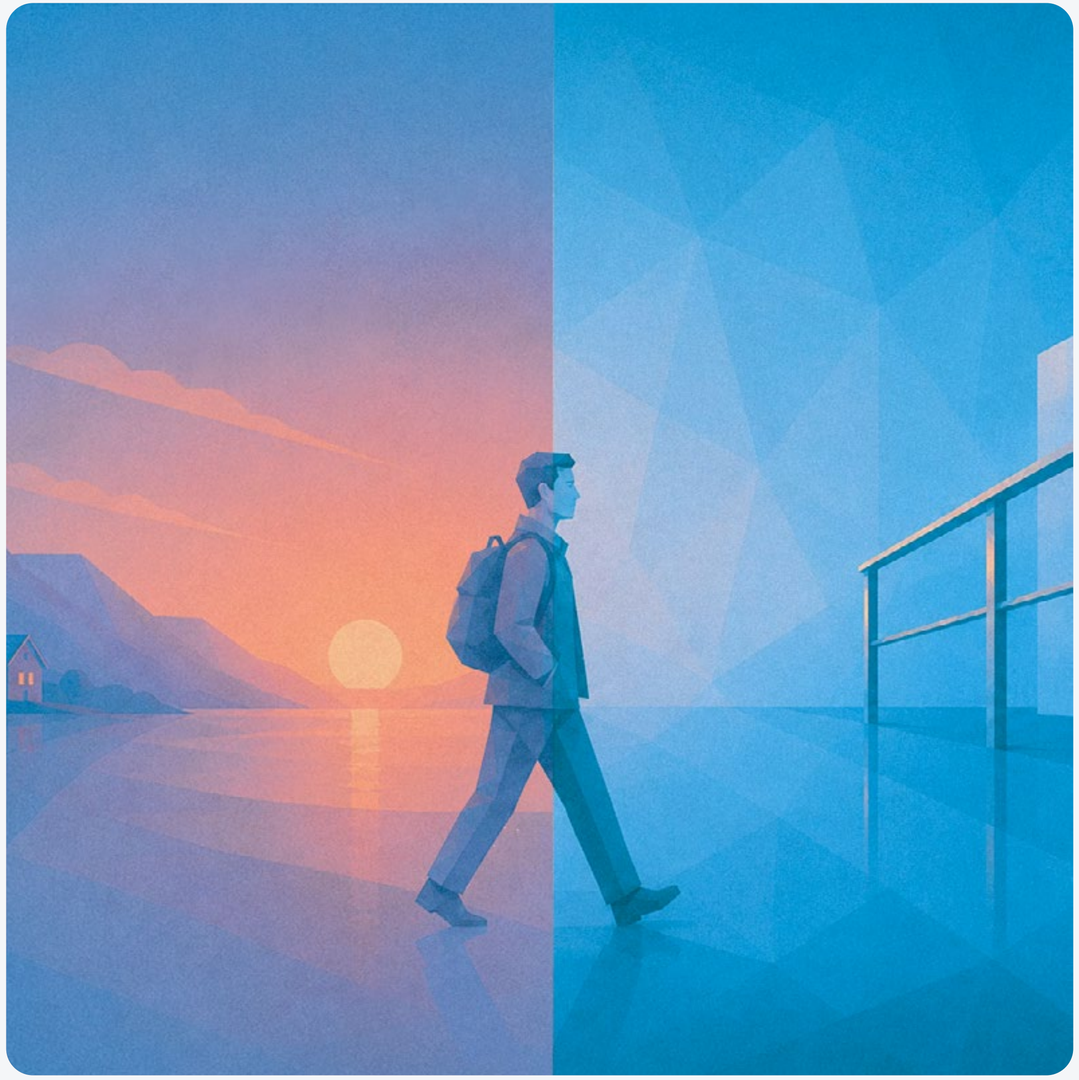
This year, we undertook a deeper review of injury cases to better understand the operational context behind the incidents. The findings are revealing:

Injuries are just as likely to occur on the main deck as in the engine room, and routine tasks carry a higher risk than we might assume. Neither experience nor rank guarantee protection from injury. The first month of a seafarer’s contract remains the most vulnerable period, and finally, there appears to be something about the time of the day that may be more of a predictive indicator of injuries than any other environmental factor.

For shipowners and managers, this report offers a data-backed foundation for consideration when refining safety protocols and crew welfare strategies. For regulators, it highlights areas where policy and enforcement could better align with operational realities. And for seafarers, it is confirmation that we see their experiences, recognise their challenges, and that we are working to spread awareness and prioritise their safety.

What follows is a comprehensive, data-driven exploration of the trends, causes, and consequences of crew claims that Gard handled in 2025. Our aim is not only to inform but to inspire meaningful change onboard ships, ashore, and across the industry.

Let’s begin.



[1]*Unless otherwise stated, references to claims or incidents in 2025 refer to claims or incidents reported to and registered by Gard in the calendar year 2025.*

4. The numbers

Although only a small fraction of voyages result in P&I claims, people-related incidents continue to have a large impact. Their frequency has returned to historical norms, but the significant financial costs and, more importantly, the human consequences underscore the need for continued focus on crew health, safety, and wellbeing.

Gard-entered vessels completed over 400,000 voyages during the 2025 calendar year, while approximately 6,500 P&I claims were registered in the same year. This is equivalent to approximately 1.5 per cent of the voyages undertaken in 2025. People claims make up almost half of those claims (Figure 1).

In respect of overall costs, while navigation claims tend to be the most expensive, people claims span many more vessels and account for 37 per cent of the total costs paid for the same year. However, the greatest impact is the human cost.

Crew claims continue to represent the vast majority of all people-related claims, both in terms of numbers and gross incurred amounts. The frequency in 2025 remained consistent with 2024, with a frequency of 0.35 for the calendar year and an average of 0.39 over the 2021–2025 period. While Figure 2 may suggest a positive downward trend in crew claim frequency, it is important to note that the average frequency before 2020 was around 0.35. This indicates that the current figures mainly reflect a return to pre-COVID-19 levels, rather than a sustained improvement. In short, while recent data might appear encouraging, the crew claims frequency appears to be stabilising at its historical average.

P&I crew claims generally fall within three categories: cases of illness, injury, or death. Figure 3 shows that illness continues to be the most common category, making up almost 60 per cent of all crew claims while injuries account for 37 per cent of these claims. Illnesses make up just over half of the total costs paid in relation to people claims for 2025, while injuries account for about 30 per cent. Cases of death are significantly fewer – about 3 per cent of the total, but when they occur, they are the most costly, representing 17 per cent of all costs.

These stark statistics reflect the hardship and risk of seafaring, and we recognise and respect the human toll behind each claim.

The apparent reduction in crew claim frequency largely reflects a return to pre-COVID levels rather than a sustained improvement.

Deaths represent only 3% of crew claims, yet account for 17% of total claim costs.

Figure 1

Distribution of Gard claims by P&I category (2025)

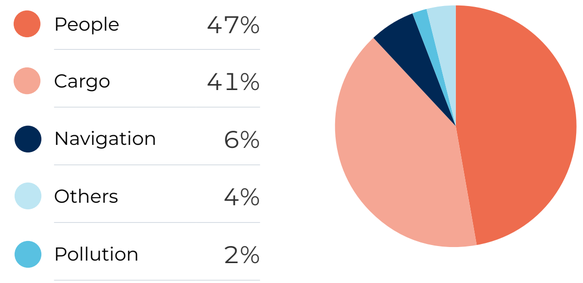


Figure 2

Frequency of Gard crew claims (2021-2025)

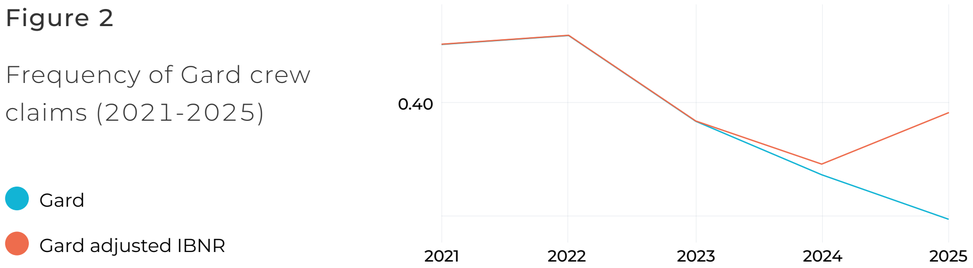
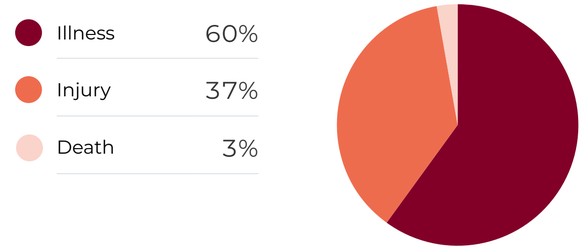


Figure 3

Number of Gard crew claims by category (2025)



4.1 Crew illnesses

Crew illness claims remained consistently significant in 2025, with over 1,600 reported cases. The observed frequency was slightly below the five-year average, though adjustments for IBNR claims are expected to result in a modest upward revision.

Gard registered more than 1600 illness claims in 2025. From 2021 to 2025, the average frequency was 0.26, with a marginally lower rate of 0.22 in 2025. Factoring in the incurred but not reported (IBNR) claims, we expect the 2025 frequency to increase slightly, as some claims are not reported until the following year.

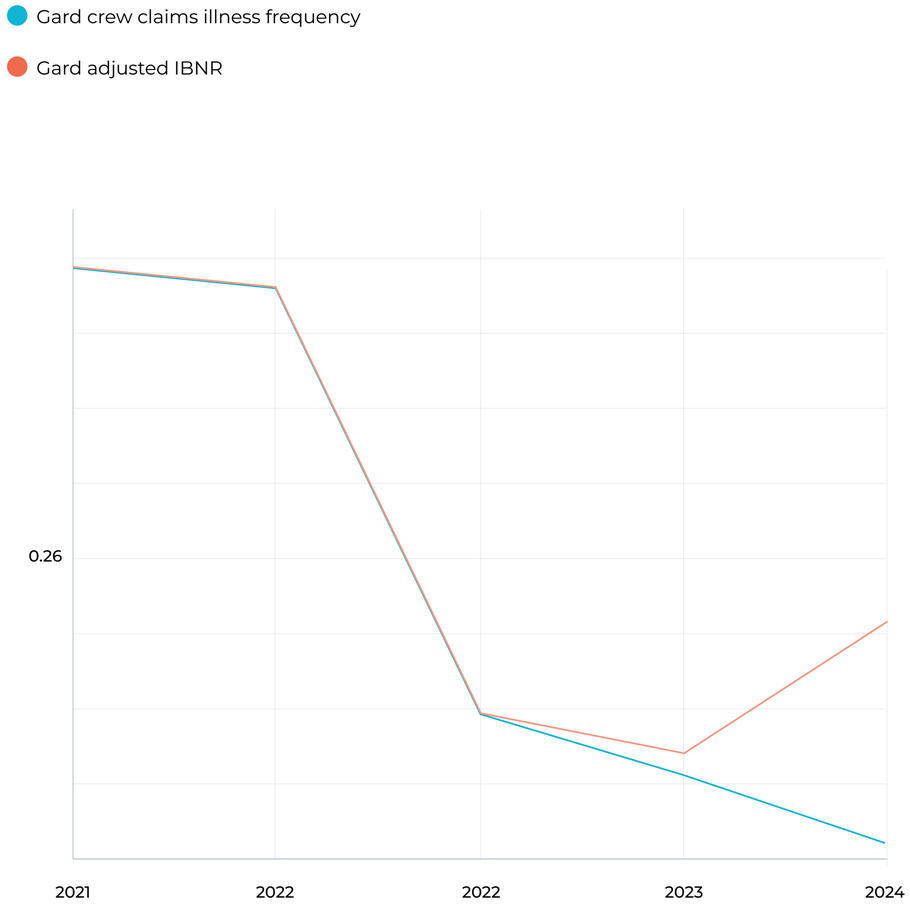
Of all crew ailments, abdominal illnesses continue to be the most commonly registered, followed by (non-injury) back problems and cardiovascular conditions. The highest claims costs for illness in 2025 were linked to cardiovascular disease and cancer. Cardiovascular conditions also account for the highest fatality rate among crew, making their impact particularly significant despite fewer claims registered. This highlights the importance of maintaining and promoting crew health, especially with respect to cardiovascular risk prevention and management. Last year, we increased the focus on cardiovascular health in our Enhanced Pre-Employment Medical Examination (PEME) program to prevent development of serious heart conditions at sea.

We encourage readers to refer to our Crew Claims Report 2025[2] for more information on preventive measures, especially the link between cardiovascular health and stress.

From 2021 to 2025, the average frequency was 0.26, with a marginally lower rate of 0.22 in 2025.

Factoring in IBNR claims, the 2025 frequency is expected to increase slightly.

Figure 4 Frequency of Gard crew illness claims (2021-2025)



Good to know

Enhanced Pre-Employment Medical Examination program

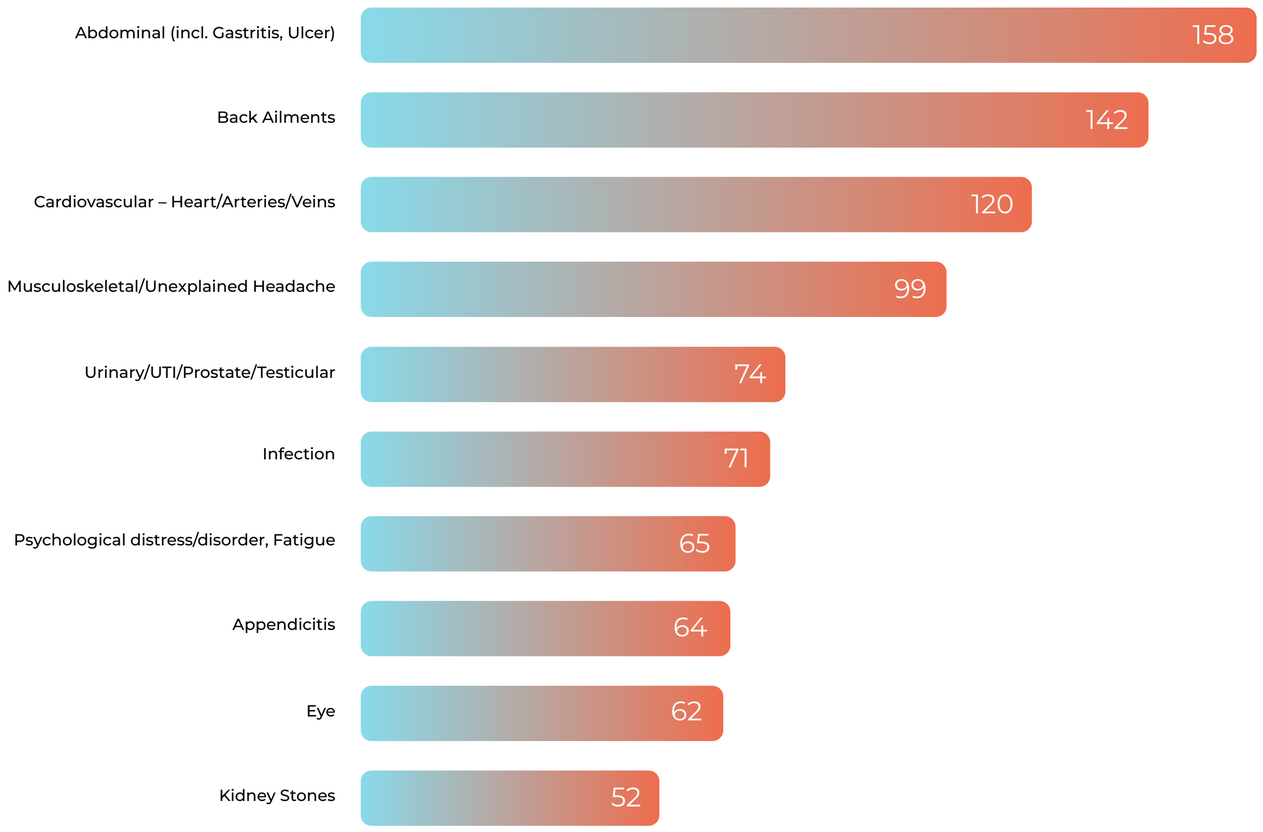
Gard operates an Enhanced Pre-Employment Medical Examination (PME) program in the Philippines which aims to ensure high quality pre-employment medical examinations for seafarers.

The aim of E-PEME is not to reject as many seafarers as possible, but to identify health issues at an early stage – preferably when they can be mitigated with lifestyle improvements and non-invasive treatments – thus reducing medical repatriations and other consequences of identifiable and preventable illness.

For Members seeking more information, contact your underwriter or peme@gard.no.

[2] *Gard. (2025). Gard Crew Claims Report 2025. https://assets.eu.ctfassets.net/jchk06tdml2i/uG4SA9IzZSzeZ38tpGpoT/45610b6e0fbdd3ccae786d1de8dd3f1b/Gard_Claims_Rapport_2025.pdf*

Figure 5 Top ten illnesses among crew, by number of incidents (2025)



Perspective

Rethinking seafarer health?

The illness claims analysed in this report lead us to an interesting question: Has the maritime industry for too long relied on an assumption that seafarers remain physically robust throughout their contracts – fit, resilient, and unaffected by sustained pressures?

This assumption does not reflect reality. Seafarers are only human, and their health and wellbeing are shaped, among other things, by workload, stress, age, and prolonged time away from family and the available shore-based care.

As an industry, we should consider our approach and our understanding of human vulnerability. This means shifting focus from reacting to illness toward anticipating it – through better prevention, earlier intervention, and a more realistic understanding of seafarers' exposure to physical limits at sea. Accepting this vulnerability is not a lowering of standards; it is a necessary step toward safer ships and healthier crews.

4.2 Crew injuries

The number of Crew injury claims remained broadly stable in 2025, with over 850 cases recorded and a frequency similar to the previous year. However, higher rates occur on certain vessel types, and a deeper review of selected cases highlights recurring injury patterns and underlying causal factors.

We registered over 850 injury claims in 2025 and the frequency of injuries, at 0.11, is similar to 2024. Figure 6 shows a slight upward trend in frequency since 2020, and while this applies to all Gard vessels, it is clear that bulk carriers and gas carriers have a significantly higher average crew injury frequency at 0.15 when compared to the portfolio average of 0.13. Larger LNG tankers (>60,000 Dwt) and Cape size bulk carriers (120,000–200,000 Dwt) have the highest injury rates per vessel. Furthermore, the combined frequency of these two segments was 60 per cent higher than the Gard average in 2025.

In relation to the most frequently injured body parts, the patterns observed across all Gard-entered vessels this year are also consistent with last year's findings. Figure 7 shows the most frequently injured body parts are fingers, the back and legs.

Causes of injury also follow a similar pattern to previous years, with "slips, trips and falls" remaining the leading cause (Figure 8). The only notable change is an increase in injury claims categorised as "hit by object, wire or line".

Figure 6

Frequency of Gard crew injury claims (2020-2025)

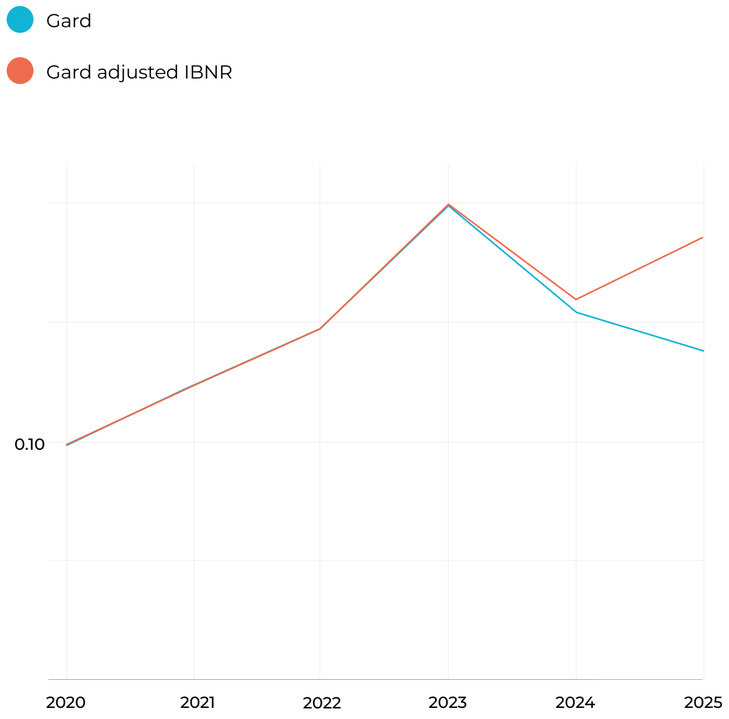
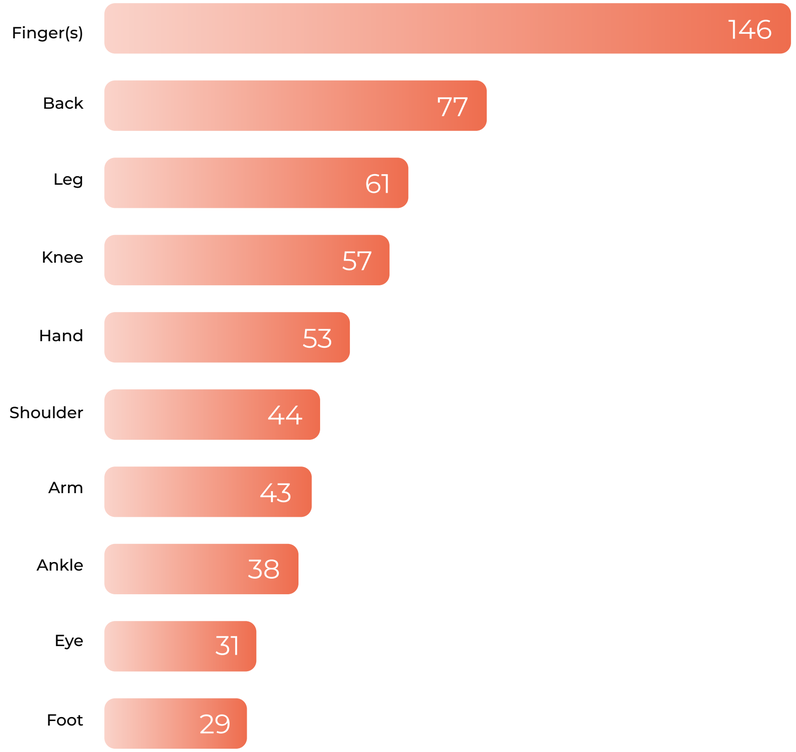


Figure 7

Most frequently injured body part (2025)



Most injuries follow similar patterns – as do the findings of the investigation reports. Flag state reports typically point to a common set of root causes, ranging from individual error or carelessness to organisational factors such as lack of risk assessment, inadequate training or non-compliance with established procedures. While these explanations are valid, without deeper and industry-wide insight into why these patterns persist, the question that arises is: are we truly learning from these accidents?

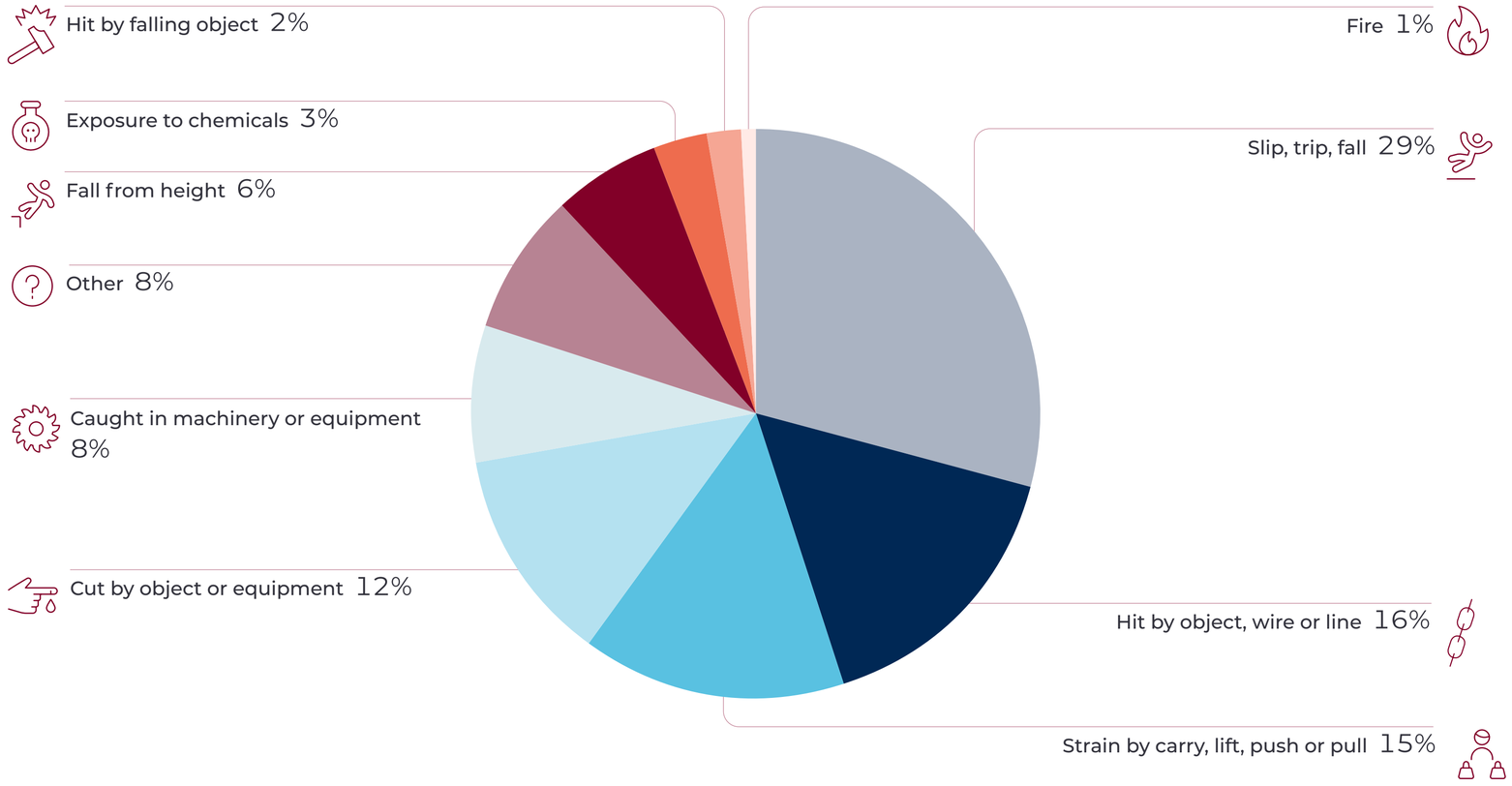
Although Gard handles a significant number of crew injury cases every year, claims handling does not always require a detailed analysis of the underlying causes behind accidents. In many incidents, the investigation reports are shared with us by the shipowners and managers. For this report, we therefore randomly selected around 400 crew injury cases from 2025 for more detailed analysis, aiming to better understand the environmental and operational conditions surrounding each accident, and to identify contributing factors for prevention purposes. Out of all the cases reviewed, more than 300 had enough information on the file to do a deeper review.

Promoting safety culture

Failures associated with accidents are a vital source of learning, and part of an organisation's culture.
Gard has partnered with safety culture experts, SAYFR, to offer members and clients a scientifically developed tool, SafeMind, for measuring safety behaviours and risks. Learning is amongst SafeMind's eight core behaviours, and the tool helps to identify where safety culture can be strengthened. Find out more about Gard's free SafeMind offering here[3].

[3] *Gard. (n.d.). Safety culture. https://www.gard.no/document/safety-culture/*

Figure 8 Most frequently reported cause of crew injuries (2025)



Incident location, work activity and severity

Where do most crew injuries occur? Are some locations on board ships more prone to injuries than others? The distribution of the five most frequent injury locations (Figure 9), shows that injuries are more likely to happen, albeit slightly, on deck than in the engine room. We also note that recorded injuries in cargo spaces, the galley and in accommodation areas are broadly similar in frequency.

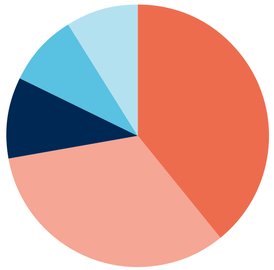
We also considered the work activities being carried out when the injuries were sustained (Figure 10). We found that scheduled maintenance work was the leading activity by a significant margin, accounting for 66 per cent of the injuries. Breakdown maintenance resulted in far fewer injuries but had the highest hospitalisation rate (70 per cent).

The hospitalisation rate is a crucial metric because it provides insight into the severity of injuries sustained. Longer hospitalisation stays, especially those exceeding three days, are often indicators that the incidents resulted in more serious trauma, required extended medical care, possible surgical intervention, and longer recovery times. At the same time, we appreciate that in a small number of cases, extended hospitalisation may just reflect logistical challenges posed in remote locations. This not only affects the wellbeing of the crew but also has operational and financial implications for the vessel and its management.

Figure 9

Location on board with highest frequency of crew injuries (2025)

Main Deck	39%
Engine Room	33%
Accommodation	10%
Cargo Spaces	9%
Galley	9%



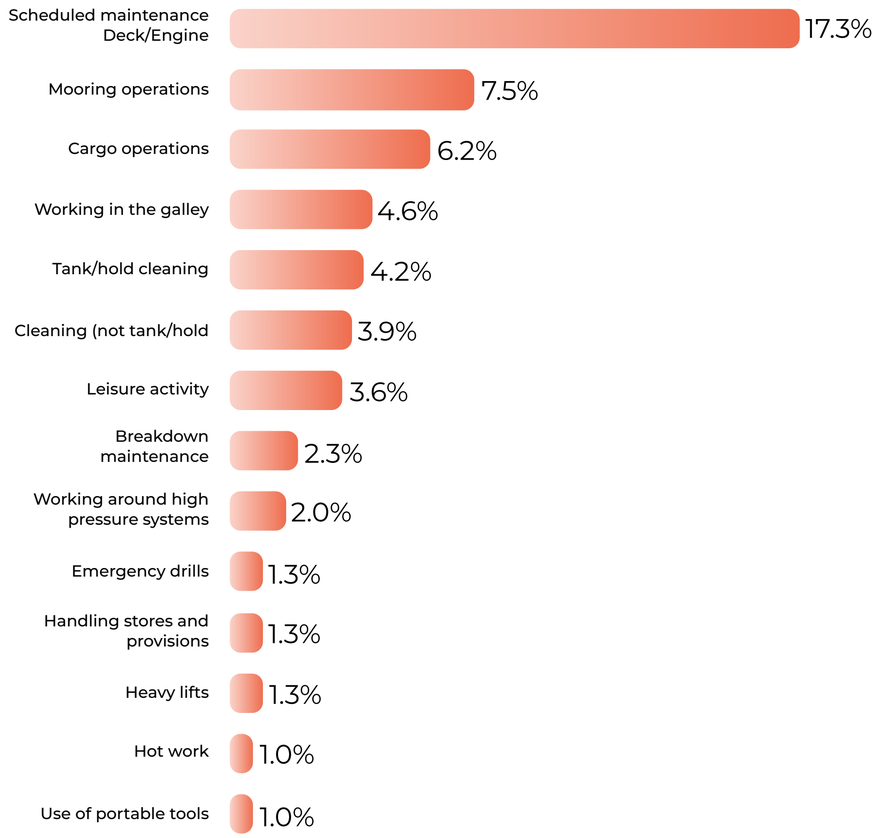
Breakdown maintenance

The particularly high rate of hospitalisations during breakdown maintenance can be attributed to several factors.

Breakdown maintenance typically occurs under unplanned and urgent conditions, often in response to equipment failure or malfunction. Such situations may expose crew members to unexpected hazards, including moving machinery, electrical faults, or hazardous substances. The urgency to restore operations can sometimes lead to rushed or improvised repairs, potentially bypassing safety protocols and increasing the risk of severe injuries. Additionally, the crew may be working in confined or hazardous environments with limited visibility or access, further amplifying the risk and severity of accidents.

Figure 10

Most frequent work activity at the time of the crew injury (2025)



Vessel's voyage status

When do most injuries occur during a vessel's voyage? Our analysis showed that while 45 per cent of the injuries occurred at sea, this was also where vessels spent 61 per cent of their time. Conversely, vessels spent only 25 per cent of their time in port, yet 37 per cent of the crew injuries occurred during this period (Figure 11).

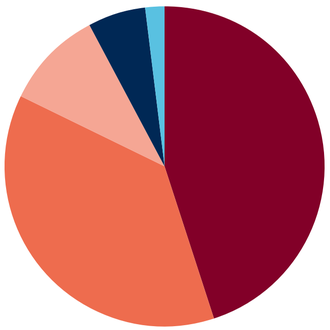
This is significant because when adjusted for time spent at sea versus time in port, the risk of crew injury is higher when the ship is in port than when sailing at sea. This may be because port operations involve more personnel, equipment, and activities, increasing the risk of accidents.

Although more injuries happen at sea, in relative terms the risk of crew injury is higher in port than at sea.

Figure 11

Vessel status at the time of injury

Underway (at sea)	45%
Moored (in port)	37%
Other	10%
Anchored	6%
Dry dock/repair yard	2%



Experience and injury

Does experience reduce the risk of injury? Experience at sea is fundamentally a subjective concept, but for the purposes of this report, we considered age and rank as practical indicators. Based on the available data however, neither age nor rank appear to be decisive factors in reducing injury risk among crew.

The age distribution of injuries (Figure 12) shows that the 31–40 age group accounts for the highest number of reported injuries, followed by a gradual decline in the older age brackets. Without knowing the overall age distribution of the world seafarer population, this pattern reflects incident counts only, not relative risk. Within the 31–40 age group, the ranks most frequently involved in injuries are Able Seamen and Third Engineers (Figure 13). Given that most vessels carry multiple Able Seamen, the data suggests that Third Engineers experience a comparatively high number of injuries within this age range, though this cannot be interpreted as a rate without workforce composition data.

Figure 12

Injuries by age

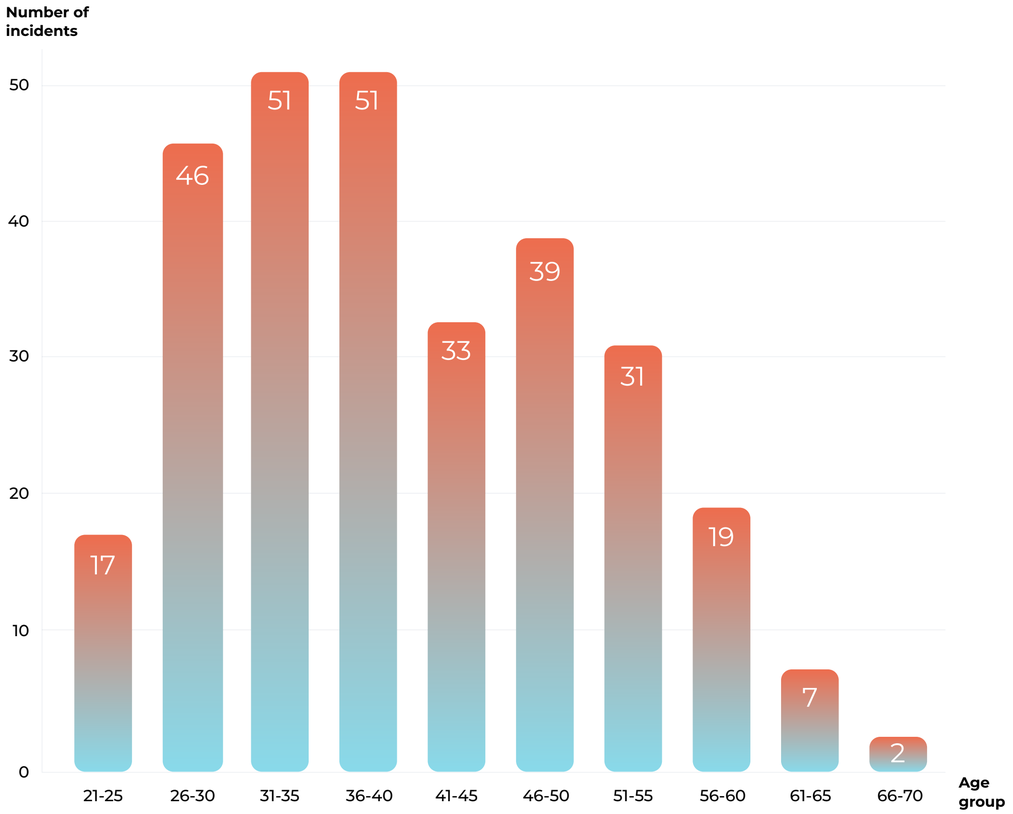
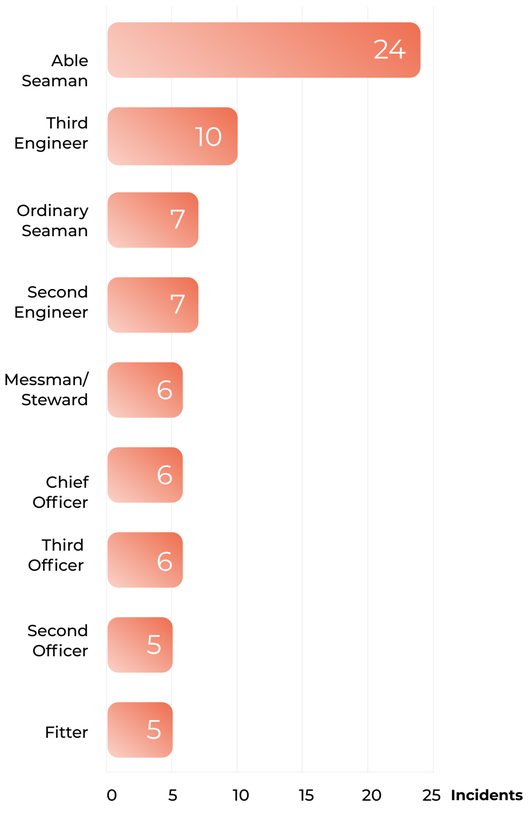


Figure 13

Injuries by rank within 31-40 age group



When looking at injuries by rank across all ages (Figure 14), the roles most represented – such as Able Seamen, Bosuns, and Engineers – are positions typically associated with substantial maritime experience. This suggests that experience alone does not protect against injury.

A similar pattern emerges when examining the activities being performed at the time of injury (Figure 15). Routine operations—maintenance, mooring, and cargo handling—account for a significant share of incidents across both junior and senior ranks. Although there is usually more than one Ordinary Seaman on board, Bosuns, for example, report nearly the same number of mooring related injuries as Ordinary Seamen, despite their higher experience level.

Overall, we are left with the impression that it is the nature and complexity of the task, rather than the maritime experience of the individual, that is a key driver of injury occurrence, supporting the need for constant training and alertness on all levels.

Figure 14

Injury claims by rank (Top 10)

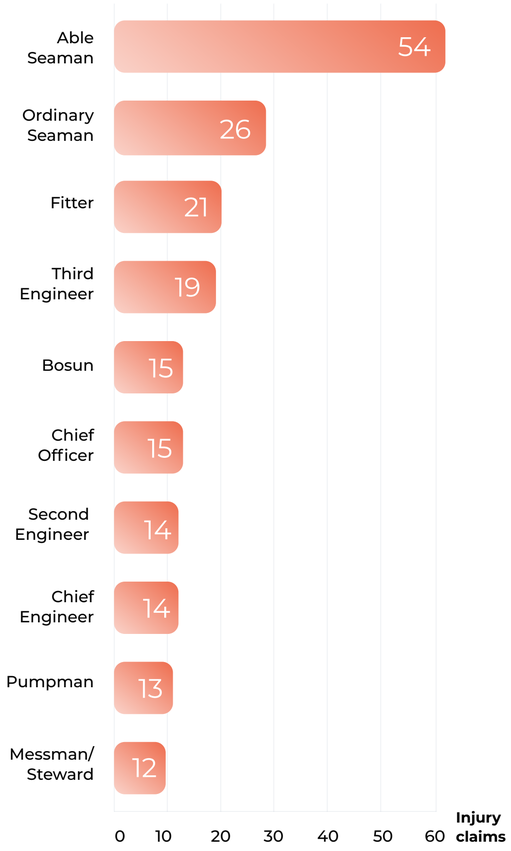
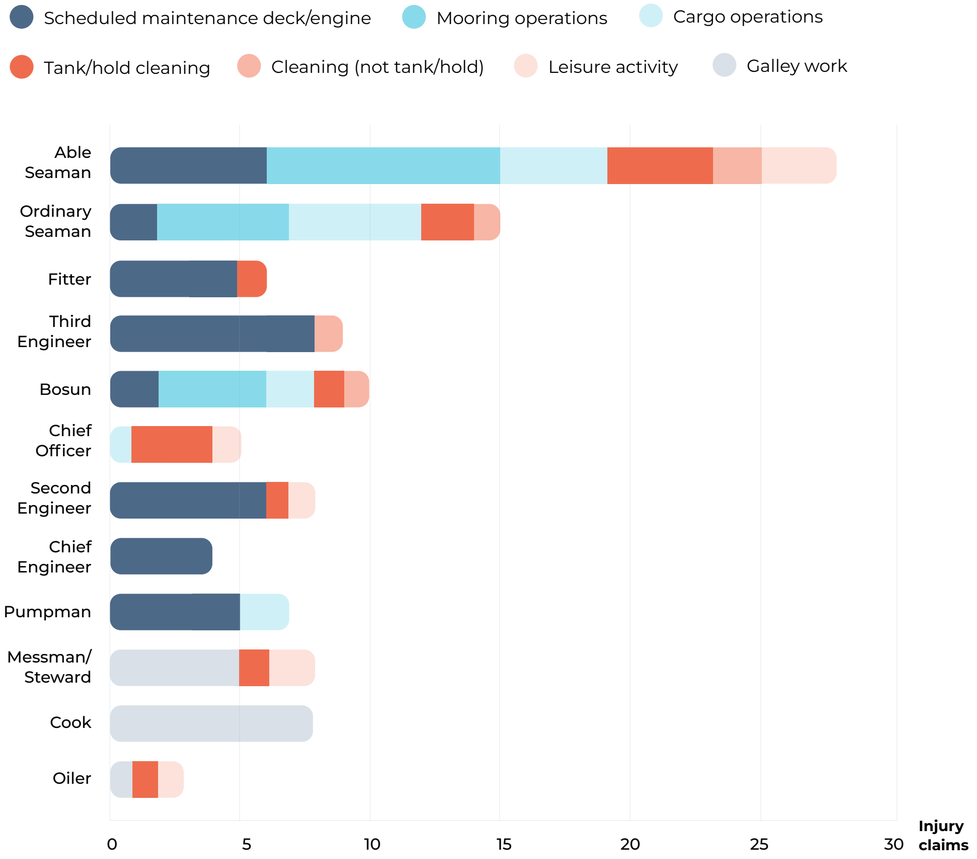


Figure 15

Work activities performed at time of injury, categorized by rank



Familiarisation and time onboard

While maritime experience appears to have little impact on injury rates, the analysis suggests most injuries happen early in a seafarer's contract. More than half of the total injuries analysed occurred within the first three months of the seafarer's contract, of which 60 per cent were incurred in the first month (Figure 16).

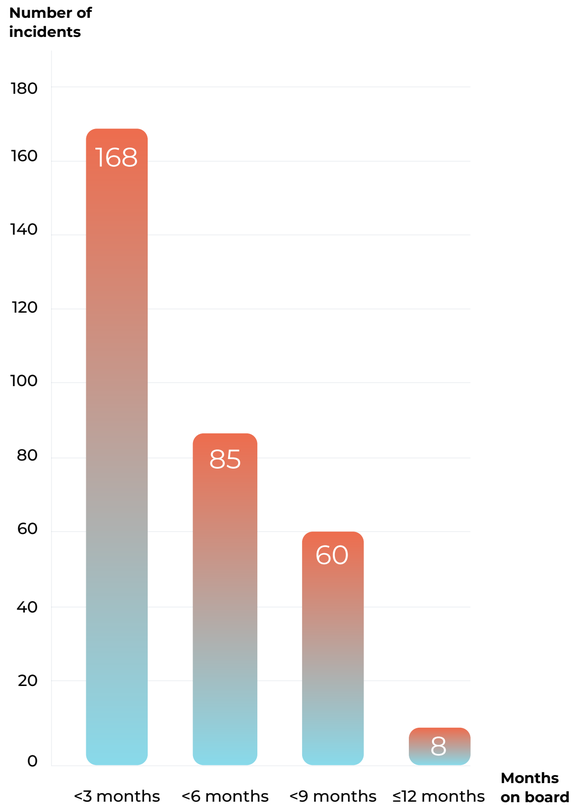
The data suggests there are critical periods when risk is elevated, particularly in the first month on board a vessel. This is likely linked to the transition from life on shore to the very different shipboard environment, which can be a significant adjustment. On-signers must quickly adapt to a different routine, working rhythm, and operational discipline, often after a long journey with shifts in time zones. During this adjustment period, mental habits and ways of thinking may not yet be aligned with the demands and hazards of shipboard life. This mismatch can lead to lapses in judgment, slower recognition of danger, and errors in decision-making as human senses are not yet 'tuned in' to the new surroundings. Additionally, unfamiliarity with the ship's protocols, equipment, and operational tempo can further increase vulnerability to accidents.

Notably, this critical period was especially evident in our review of fatal accidents, where the majority occurred within the first week of joining. This underscores the vital importance of good familiarisation and onboarding processes to help seafarers recalibrate and safely adapt to the work environment.

As time passes and crew members become familiarised and accustomed to the working environment, one would perhaps expect the risk to decrease. However, while our data suggests that the number of injuries drops during the later months of a seafarer's contract, we appreciate that over time, other factors such as shift patterns, long working hours, poor sleep and even vessel movement and noise, may take their toll on seafarers.

Figure 16

Incidents by number of months on board (2025)



Perspective

Human or machine? Beyond the 'ideal worker'

Injury claims remind us of an uncomfortable truth: humans do not work in straight lines.

Our energy, attention, and physical capacity naturally rise and fall through the day, shaped by interest, energy, motivation and urgency, as well as fatigue, sleep, stress, and routine. Yet much of shipboard work is still organised as if people can perform like machines – steady, predictable, and unaffected by time or context. When serious injuries occur, the failure is rarely a single unsafe act or a missing rule; it is our reluctance to fully acknowledge these natural limits and to design work around how it is actually done.

If processes continue to assume constant alertness and uniform performance, they will continue to be flawed. The opportunity ahead lies in accepting human fallibility – not as a weakness, but as a fact. By better understanding daily rhythms, pressure points, and the gap between work as imagined and work as performed, the industry can move from repeating familiar injury patterns to actually preventing them. That shift may be the most meaningful safety improvement still within reach.

Time of injury

We also analysed the local time of the incident to determine if certain periods of the day are associated with a higher risk of injury.

The regular workday starts at 08:00 on most vessels, with first break typically between 10:00-10:30 and lunch from 12:00-13:00. Normally, the working day ends at 17:00 while at sea, although some vessels extend working hours by an additional hour for overtime. Dinner is usually at 18:00. Before work begins in the morning, the head of the department normally conducts a briefing or a toolbox meeting to discuss the day's tasks with the crew.

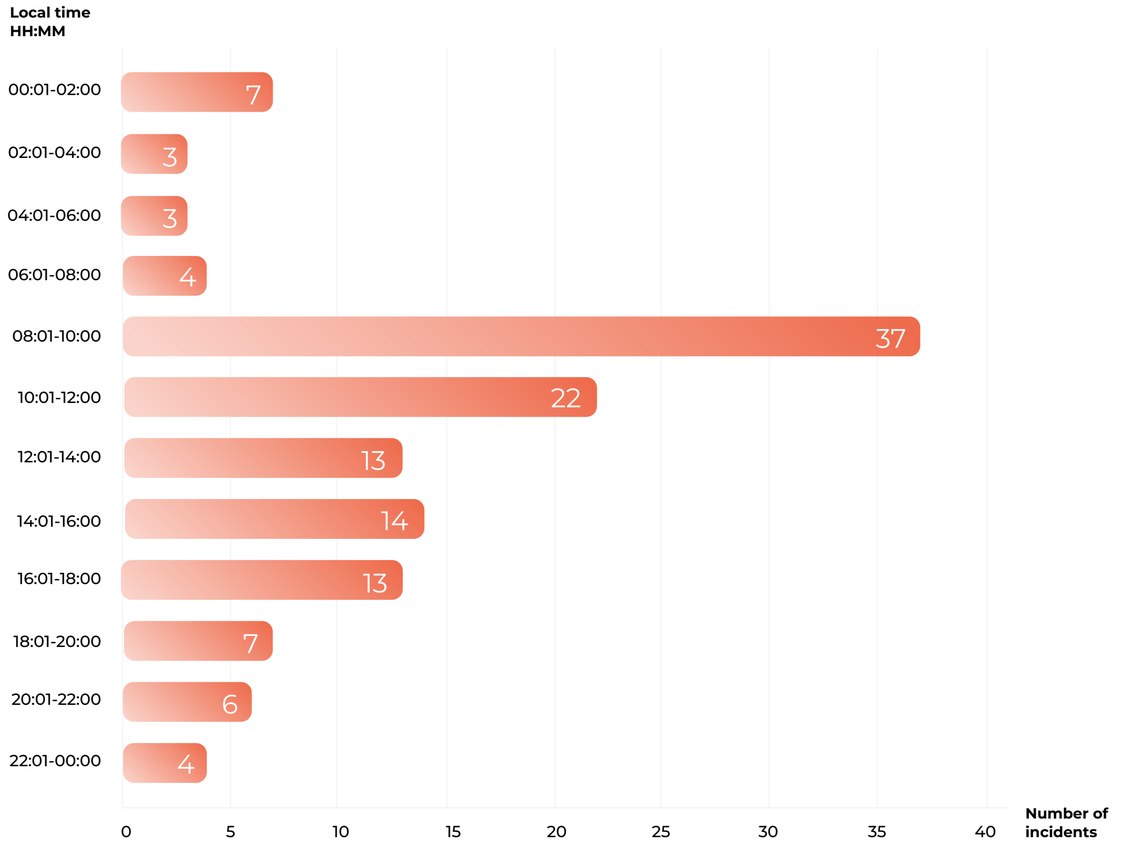
We were able to identify the local incident time in around 40 per cent of the cases analysed. Figure 17 draws our attention to the period 08:00-10:00 as by far the most perilous stretch of the workday, accounting for nearly one-third of reported injuries. Extending the timeframe to noon, almost half of all recorded incidents occurred within the same four hours.

What is it about the start of the workday that translates into a higher risk of injury? The findings supported by Figure 17 suggest that there may be underlying patterns in onboard routines and working practices that deserve closer attention.

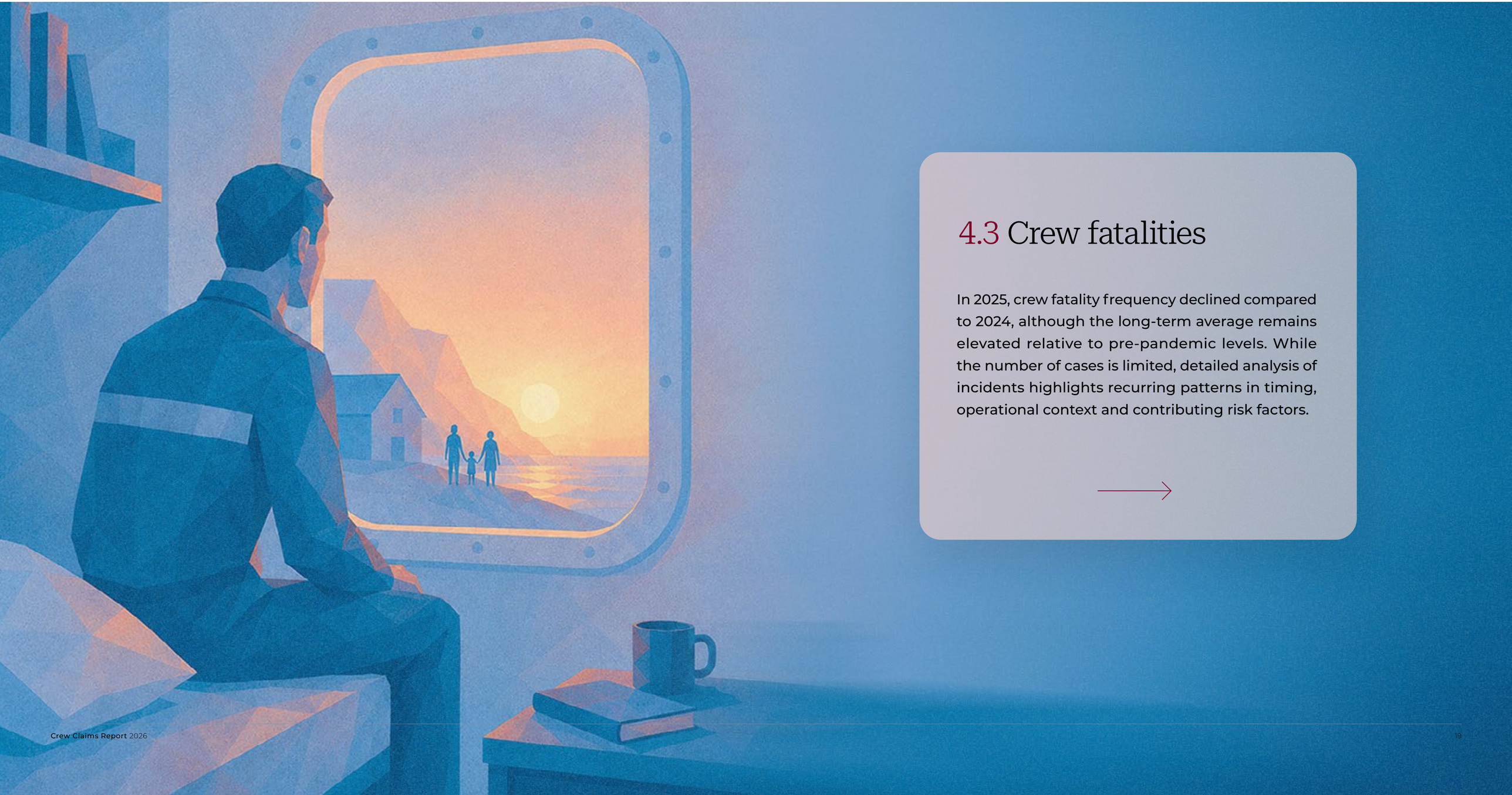
Several factors may contribute to the increased number of injuries during the start of the workday. These include residual fatigue, disruption to the circadian rhythm, gaps during shift handovers, and the pressure of early-day operational demands to begin work quickly and efficiently. In some cases, this might lead crew to proceed with tasks without proper planning or sufficient assessment of the associated risks.

Figure 17

Local time of injuries (2025)



The morning period from 08:00-10:00 is the most dangerous part of the workday.



4.3 Crew fatalities

In 2025, crew fatality frequency declined compared to 2024, although the long-term average remains elevated relative to pre-pandemic levels. While the number of cases is limited, detailed analysis of incidents highlights recurring patterns in timing, operational context and contributing risk factors.

The number of incidents resulting in crew fatalities was lower in 2025 than in 2024 (Figure 18). Specifically, the frequency of fatal incidents dropped to 0.01 in 2025, compared to 0.014 at the end of 2024. Over the past five years, the average frequency of fatal incidents has remained at 0.014 – notably higher than the years before the COVID pandemic.

While it is encouraging to see fewer cases in 2025, with around 80 claims, the improvement is small and so it is too soon to draw any major conclusions. Even so, the downward trend is promising and shows there is room for further progress in improving crew health and safety and reducing fatalities.

We are optimistic that our focus on cardiovascular health, stress and timely medical attention will continue to have an impact. We have seen a reduction in health-related fatalities on board this year, although the causes remain largely similar, with cardiovascular illness still the main cause of death on board. Since the illnesses leading to fatalities seem to be unchanged, we did not perform a deeper dive into these cases again this year, instead we focused on injuries, including fatal injuries.

Fatal accidents: overview and case examples

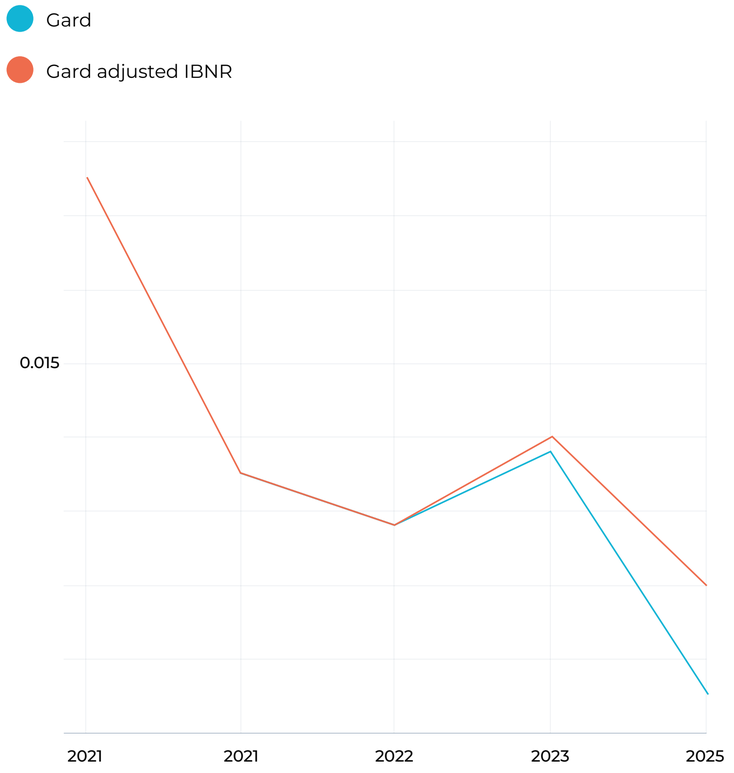
The total number of fatal accidents remains low, but there was an increase from 2024 to 2025. Nine fatal incidents were directly related to work on board ships, and an additional three fatalities occurred during leisure activities or while crew members were repatriating after signing off their respective vessels.

One tragic incident involved multiple deaths resulting from enclosed space hazards. In this case, several crew members collapsed while attempting to exit a cargo space after completing a routine cargo task. The tragedy illustrates the persistent dangers associated with enclosed spaces, even during regular operations.

In a separate but related incident involving routine tank-cleaning, both a crew member and a would-be rescuer collapsed due to the hazards present. Fortunately, they were both successfully resuscitated. These cases highlight both the risk of entering enclosed spaces and the importance of safety protocols and timely intervention. For further insight see Gard's article on enclosed spaces[4].

Figure 18

Frequency of crew death claims (2021-2025)

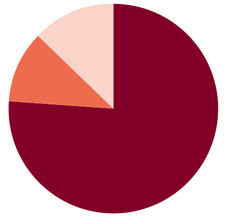


[4] *Gard. (2025). Enclosed spaces: When saving a life turns fatal. https://gard.no/en/insights/enclosed-spaces-when-saving-a-life-turns-fatal/*

Figure 19

Causes of crew fatalities (2025)

Illness	76%
Suicides	13%
Injuries	11%



Jon Magnus Haga, Head of the Norwegian Centre for Maritime and Diving Medicine.

Photo: Private

Our experience shows that when seafarers are injured at sea, the actions taken in the first moments are critical, not only for limiting the severity of the injury, but also for securing the best possible outcome. In some cases, these early interventions can mean the difference between life and death.

Access to tailored medical knowledge in the immediate aftermath of an incident can be decisive, particularly for those with limited medical training. The Mariners Medico Guide provides seafarers with instant access to up-to-date, quality-assured medical information designed for the maritime environment. It offers clear, practical guidance on the immediate measures that can be taken on board, along with advice on when to seek support from a telemedical advisory service, such as Radio Medico Norway, for further assistance.

Patterns in fatal accidents

Fatal accidents are challenging to compare due to the unique circumstances of each case. However, closer analysis of the incidents reveals some telling patterns.

Notably, all fatal accidents on board occurred either during night-time hours (23:00-04:00) or in the morning (07:00-11:00). This reflects the same time-of-day pattern observed in other types of injury incidents. Of the nine fatal incidents, seven took place during planned routine work, or as the seafarer was going to or from their shift.

Falls from heights contributed to four of the incidents – primarily falls from the deck into cargo holds, and one case involving a fall from the gangway into the sea. Four accidents happened at sea and four occurred in port, either while the vessel was moored or during mooring procedures.

Considering the timing and routine nature of these work activities, it is possible that residual fatigue may have affected the seafarers' situational awareness and response times. In all incidents where rest hour records were available, no violations were found. However, as research[5] from the World Maritime University indicates , these records may not always reflect the actual conditions experienced by the crew.

Fellow crew members made tremendous efforts to sustain life in all of these cases, but none was successful. The most disturbing review was a case where first aid was given for almost 24 hours, but since the vessel was unable to proceed to port due to engine failure, and too far from shore to get medivac by helicopter, external assistance could not reach the vessel in time. Eventually the crewmember died after hours of pain and suffering.

Behind every fatality is a life lost and a family changed forever. Any reduction in numbers, however welcome, cannot soften that reality. What these cases continue to remind us of is that life at sea exposes humans to significant risks and sometimes unforgiving moments – when routine, fatigue, isolation and distance from help intersect. Even with experience, training, and procedures in place, seafarers remain vulnerable to circumstances that cannot always be controlled or predicted.

The industry must face this reality with humility. We must move away from the belief that systems, rules, or individual strength alone can eliminate fatal risk. Instead, safety efforts must be grounded in a deeper respect for human fragility: recognising how fatigue builds, how routine dulls caution, and how time and distance complicate emergency response. This is an important element of a caring safety culture.

Suicides

Tragically, we have seen a slight increase in the number of crew suicides, from eight confirmed cases in 2024, to ten in 2025. In addition, six seafarers missing at sea have not been confirmed as cases of accidents.

The confirmed suicides occurred at various times, ranging from just five days to nine months into the contract, both during work in the daytime and during the night. Several experienced family difficulties or other challenges which they sometimes confided in colleagues, but in all cases, the deaths came as a shock to their colleagues. The average age was 33 but the majority were in their 20s. There is no evidence suggesting that the suicides were financially motivated.

Signs of suicidal thoughts and behaviour can be very subtle, especially among men. Symptoms of depression can often be irritability and anger rather than sadness. Awareness around changes in mood and behaviour can help us spot someone who is struggling. Particular concern should be raised by sudden calmness or joy after a period of low spirits or indications that the person is preparing for self harm or suicide.

Everyone can help prevent suicides by being able to spot distress in others and daring to start a difficult but lifesaving conversation. You do not need to be a mental health professional; you just have to be a compassionate presence and keep the person safe until professionals are available to take over. You can learn more about mental first aid and suicidal thoughts and intentions in the Mariners Medico Guide[6].

A shared responsibility

We know that sensational or detailed reporting on suicides can have a negative effect on people with suicidal ideations (also called the Werther effect). At Gard, we believe it is our duty to raise awareness around the topic with the aim to prevent more from happening. We hope anyone republishing from this report will recognise our shared responsibility to protect vulnerable individuals and avoid sensationalism.

Good to know

Tell, ask, listen – keep safe

There are standardised, evidence-based methods available for psychological first aid and suicide prevention that can be learned by non-professionals.

One such method is SafeTALK, developed by LivingWorks. SafeTALK stands for "Suicide Alertness for Everyone – Tell, Ask, Listen, KeepSafe", and provides practical skills to recognise and respond to individuals at risk.

This method is also widely recognised and used to train first responders and health care professionals.

Mission to seafarers have their own SafeTALK courses[7] developed specifically for seafarers.

In addition to SafeTALK, other recognised training programmes exist, such as Mental Health First Aid (MHFA), which has also been highlighted in Gard's earlier insights article (2020).

[5] *World Maritime University (2020). A culture of adjustment, evaluating the implementation of the current maritime regulatory framework on rest and work hours (EVREST). World Maritime University. (Attributed authors: Baumler, R., De Klerk, Y., Manuel, M.E., and Carballo Piñeiro, L. https://commons.wmu.se/cgi/viewcontent.cgi?article=1079&context=lib_reports*

[6] *Gard. (2025). Mariners Medico Guide: Saving those precious minutes when life is at stake. https://gard.no/en/about-gard/company-news/mariners-medico-guide-saving-those-precious-minutes-when-life-is-at-stake/*

[7] *The Mission to Seafarers. (2023). Delivering suicide prevention support for seafarers through LivingWorks safeTALK program. https://www.missiontoseafarers.org/news/delivering-suicide-prevention-support-for-seafarers-through-livingworks-safetalk-program*

5. Conclusion

This report has examined patterns in crew illness, injuries, and fatalities through claims data, analysis and case studies. Together, the findings point to a clear underlying message: many of the risks faced at sea are not new, but they persist in familiar ways.

Illness remains the most common cause of crew claims: “slips, trips and falls” continue to dominate injury statistics, and cardiovascular disease remains the leading cause of fatality. Our deeper review of injury cases has also shown that routine work, the first months on board, and certain periods of the day carry significantly higher levels of risk. Experience alone does not appear to offer the protection we might expect.

These findings challenge some long-held assumptions within the industry. Too often, shipping relies on the expectation that seafarers can remain constantly alert, resilient, and unaffected by fatigue, stress, time, or circumstance. The reality that seafarers are merely human is clearly reflected by the data; they operate in highly demanding environments where physical and psychological pressures inevitably influence their performance and decision-making.

Recognising this is not about lowering standards. Instead, it is about setting the right ones. This means designing safer and more realistic systems around how people actually work and respond under pressure. It requires humility from all of us, both ashore and afloat, to accept that procedures can fail, that experience does not make anyone immune, and that resilience has its limits.

Our report relies on reported cases, but we are aware that there will be near-misses that do not lead to a P&I claim. We invite readers to discuss these incidents or share reports of these situations with our Loss Prevention team to help raise awareness of problems which may be more significant than is widely known.

The report also highlights the importance of really learning from incidents and from everyday operations. Repeated patterns in injuries and fatalities suggest that lessons are not always fully absorbed at an organisational level. Lasting improvement requires open reflection, continuous learning, and a willingness to examine how work is actually carried out, not only how it is expected to be carried out. Through initiatives such as SafeMind and our collaboration with Sayfr, Gard aims to support shipowners and managers in strengthening their approach to safety.

Ultimately, behind every claim is a person, a crew, and often a family affected. If this report contributes to progress, it will not be because of the numbers and the statistics themselves. It will be because it encourages the industry to reflect more deeply on the realities of work at sea, and to reconsider what we expect from those who keep global trade moving. Progress in health and safety for seafarers will not come from chasing a perfect human form, but from respecting and accepting the real one.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