

Cargo ship WEI SEN NO.8 Major Marine Occurrence

Executive Summary

At 1426 hours on 24 January 2025, the Belize-flagged liquid cargo vessel WEI SEN NO. 8 (IMO No. 1085679), with eight Indonesian crew members on board and a gross tonnage of 1,624, completed a change of flag State, shipowner, and crew at Ningde Port, Fujian Province, People's Republic of China. While in ballast condition, the vessel departed Ningde bound for Jakarta, Indonesia. According to the occurrence notification and the vessel's AIS track, at 2021 hours on 24 January, the vessel grounded and took a list in waters near the Sanlian Islets, about 1.9 nautical miles east of Beigan, Lienchiang County. At approximately 2050 hours, the vessel suffered a complete power loss. At 2235 hours, the master ordered abandon ship and requested assistance from the Coast Guard Administration. During the transfer of the master and three crew members to a patrol craft, the master fell overboard. At 0315 hours the following day, a search-and-rescue helicopter safely hoisted the remaining four crew members from the vessel. The casualty resulted in the grounding and subsequent sinking of the vessel and the death of the master. No marine pollution occurred.

In accordance with the Taiwan's Transportation Occurrence Investigation Act and the Casualty Investigation Code of the International Maritime Organization, the TTSB is an independent transportation occurrence investigation agency responsible for conducting this investigation. The investigation team also included members from the Maritime and Port Bureau, the Coast Guard Administration, Ocean Affairs Council, the International Merchant Marine Registry of Belize, and PT Hoki Sejahtera Bahari.

After comprehensive investigation and analysis of the factual data, a total of

9 findings and 2 safety recommendations were obtained.

The findings related to probable causes are as follows:

1. Prior to departure, the Master planned the route on a small-scale chart unsuitable for coastal/navigation in confined waters; the chart's depth resolution was insufficient to readily identify potential grounding hazards. During the voyage, the vessel was steered by magnetic compass without applying the local magnetic variation ($5^{\circ} 18' W$), causing the heading to diverge from the intended voyage plan.
2. During night navigation, the helm was manned by one able seaman. The Master did not continuously use available navigational aids to monitor position, obtain fixes, and correct cross-track error. With darkness and near high tide limiting visual detection of reefs, the vessel deviated 0.7 nautical miles (NM) from the planned track and entered a rocky/reef area near the Sanlian Islets, where the vessel grounded.
3. During abandonment at night, the Master fell overboard due to adverse sea conditions and vessel motion. When recovered by a Coast Guard patrol craft, the Master showed no signs of life, and death was confirmed as drowning.

The findings related to risk are as follows:

1. The Master of the vessel planned its route through a narrow waterway only 6 nautical miles wide, with numerous awash/partially submerged rocks on the east side of Beigan Island (Matsu). During nighttime navigation, the vessel failed to implement measures such as continuous positioning, thereby significantly increasing the risk of grounding.
2. Around the time of the grounding, weather conditions were north-easterly winds Beaufort force 5 to 6, gusting 8, with significant waves about 2 to 3 m. These conditions made it difficult for the crew to reach the patrol boat and

increased the risk of falling into the water.

The other findings are as follows:

1. The Master and crew all hold valid certificates of competency issued by the flag state, Belize, and the Indonesian maritime authorities.
2. No abnormalities or failures were found with the main engine, steering gear, hull structure, or navigational equipment during the voyage.
3. The vessel's sinking resulted in loss of evidence; the bridge navigational equipment and paper-chart fix records could not be retrieved.
4. Within the 72 hours preceding the occurrence, the four watchkeeping crew maintained regular routines with adequate sleep; there was no indication of chronic overwork or fatigue. After the grounding, all four responded and assisted in the evacuation promptly. No evidence indicates fatigue as a contributing factor.

Safety Recommendations

To PT. Hoki Sejahtera Bahari

1. During passage planning, clearly delineate high-risk areas (e.g., reefs/rocky patches, restricted-visibility legs) and prescribe corresponding risk controls. Measures should include frequent verification of heading, position, and speed; steering by magnetic compass as appropriate; and, during night navigation or adverse weather, the effective use of all available means—visual and aural lookout, radar, ECDIS/ENCs, AIS, echo sounder, and any methods suited to the prevailing conditions—to maintain a proper lookout and situational awareness.
2. Ensure fleet compliance with the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) requirements

for watchkeeping. In high-risk waters, the Master should personally monitor the vessel's heading and position. The Officer of the Watch (OOW) shall cross-check position, heading, and under-keel clearance/depth using multiple independent navigation sources and promptly adjust the voyage plan and track as necessary when discrepancies or abnormalities are detected.

Note: The final report of this occurrence investigation is published in Chinese. To facilitate understanding for non-Chinese readers, the Executive Summary has been translated into English. While every effort has been made to ensure accuracy, discrepancies may occur. In the event of any inconsistency, the Chinese version shall prevail.