

VALUATION FORM

To:

Owner(s) of the:

Voyage and date:

Port of shipment:

Port of destination/discharge:

Bill of lading or waybill number(s):

Quantity and description of goods	<u>Particulars of Value</u>	
	A Invoice Value (specify	B Shipped Value currency)
Currency		

1. If the goods are insured please state the following details (if known):-

Name and address of insurers or brokers

Policy or certificate number and date Insured Value

2. If the goods arrived subject to loss or damage, please state nature and extent thereof

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and ensure that copies of supporting documents are forwarded either direct or through the insurers to the average adjusters named below.

3. If a general average deposit has been paid, please state:-

(a) Amount of the deposit (b) Deposit receipt number

(b) Whether you have made any claim on your insurers for reimbursement

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Date Signature

Full name and address

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NOTES

1. If the goods form the subject of a commercial transaction, fill in column A with the amount of the commercial invoice rendered to you, and attach a copy of this invoice hereto.
2. If there is no commercial invoice covering the goods, state the shipped value, if known to you, in column B.
3. In either case, state the currency involved.
4. The shipowners have appointed as average adjusters Harvey Ashby limited, Westwood Park, Colchester, Essex CO6 4BS, UK (Tel: (44) 1206 274081 Fax: (44) 1206 274099) to whom this form should be sent duly completed together with a copy of the commercial invoice.