

(SAMPLE)

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>	
	<u>Invoice Value(A)</u>	<u>Shipped Value(B)</u>
	(specify currency)	
Currency		

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

Name and address of insurers and 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 _____

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

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

(a) Amount of the deposit _____

(b) Deposit receipt number _____

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

Date _____

Signature _____

Full name and address _____

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 _____ to whom this form should be sent duly completed together with a copy of the commercial invoice.