REVERS

Average number : ……..

Claim Number : ……..

The undersigned hereby agrees that he will pay the proportion of any general average ad/or other charges which may be chargeable upon the under mentioned goods. The general average will be adjusted according to General Average Rules IVR (last version).

SHIP	NAME TYPE	Official vessel number
MASTER/CAPTAIN		
SHIPOWNER		
VOYAGE	from to	place of the accident date of the accident
CARGO		
	GOODS IN TONNAGE	VALUE INCL. FREIGHT (CIF-Port DESTINATION)
INSURANCE COMPANY/ BROKER COMISSIONNER		
	Police number	Accident registration
PLACE OF JURISDICTION ACCORDING TO THE TRANSPORT		

It is mutually agreed, that the statutory time-bar will be suspended until the date on which the general average statement is presented to the parties.

Signed without prejudice to all other rights.

……., …… ……..(signature)
Place date