

REVERS		No. D'AVARIE:
The undersigned hereby agrees that he will pay the proportion of any general average ad/or other charges wich may be chargeable upon the undermentioned goods. The general average will be adjusted according to General Average Rules IVR (last version).		
SHIP	NAME	Official vessel number
	TYPE	
CAPITAIN		
SHIPOWNER		
VOYAGE	from	place of the accident
	to	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		
	the statutary time-bar will be s is presented to the parties.	suspended unil the dat on which the
Signed without prejudice to all other rights.		
		(signature)
Place dat		(5.3.3.5)