

AVERAGE AGREEMENT

To,
Shipowner _____

Ship _____

Voyage and date _____

Port of shipment of cargo _____

Port of discharge of cargo _____

Bill of Lading or waybill number(s) _____

Marks and Numbers	Number of Packages	Description of Goods	Name of the Insurer and Insured Value

In consideration of the delivery to us or to our order, on payment of the freight due, of the goods noted above we agree to pay the proper proportion of any salvage and/or general average and/or special charges which may hereafter be ascertained to be due from the goods or the shippers or owners thereof under an adjustment prepared in accordance with the provisions of the contract of affreightment governing the carriage of the goods or, failing any such provision, in accordance with the law and practice of the place where the common maritime adventure ended and which is payable in respect of the goods by the shippers or owners thereof.

We also agree to :

- i) furnish particulars of the value of the goods, supported by a copy of the commercial invoice rendered to us or if there is no such invoice, details of the shipped value; and*
- ii) make a payment on account of such sum as is duly certified by the average adjusters to be due from the goods and which is payable in respect of the goods by the shippers or owners thereof.*

“It is agreed that in the event of the vessel's cargo or part thereof being forwarded to original destination by other vessel, vessels or conveyances, rights and liabilities in General Average shall not be affected by such forwarding, it being the intention to place the parties concerned as nearly as possible in the same position in this respect as they would have been in the absence of such forwarding and with the adventure continuing by the original vessel for so long as justifiable under the law applicable or under the Contract of Affreightment.

Cont'd...2/-

The basis of contribution to General Average of the property involved shall be the values on delivery at original destination unless sold or otherwise disposed of short of that destination, but where none of her cargo is carried forward in the vessel she shall contribute on the basis of her actual value on the date she completes discharge of her cargo.”

Date _____ Signature of receiver of goods _____

Full name and address _____

**J. B. BODA & CO. PVT. LTD., Average Adjusters,
Maker Bhavan, 1, Sir Vithaldas Thackersey Marg, Bombay 400 020
Phone : 6631 4958 / 66314949 Fax : 2262 3747 2262 5112**

VALUATION FORM

Shipowners : _____
Vessel : _____
Voyage From/At : _____ To : _____
Casualty Date : _____ Casualty : _____

Bills of Lading Number	Port of		Marks and Numbers	Number of Packages and Contents	Invoice Value (FOB/C&F/CIF)
	Shipment	Destination			

- 1) Please attach the relevant invoice.
- 2) If there is no commercial invoice, please state the Shipped Value : _____
- 3) If the goods are insured, please state :
 - a) Policy or Certificate No. : _____
 - b) Name and address of
The Insurers : _____

- 4) If the goods arrived subject to loss/damage, please :
 - a) State nature and extent of loss/damage : _____

 - b) Send claim documents such as survey report, proof of loss to your Underwriters with copies to us.
- 1) If General Average Deposit is paid by you, please state :
 - a) Amount of Deposit : _____
 - b) Deposit Receipt Number : _____

Date _____

Signature, Stamp and Address
(Shipper/Consignee)

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