



Claim Form
(Admiralty
limitation claim)

In the High Court of Justice
Queen’s Bench Division
Admiralty Court

	<i>for court use only</i>
Claim No.	
Issue date	

Claimant(s)



Defendant(s)

Details of limitation claim

Named defendant’s name and address

Claim No.	
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Details of limitation claim

Statement of Truth

*(I believe)(The Claimant believes) that the facts stated in these details of claim are true.

* I am duly authorised by the claimant to sign this statement

Full name _____

Name of claimant's solicitor's firm _____

signed _____ position or office held _____

*(Claimant)(Claimant's solicitor) (if signing on behalf of firm or company)

*delete as appropriate

Claimant's or claimant's solicitor's address to which documents or payments should be sent if different from overleaf including (if appropriate) details of DX, fax or e-mail.