



# Claim Form (Admiralty limitation claim)

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

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

Claimant(s)



Defendant(s)

Details of limitation claim *(see also overleaf)*

Named defendant's name and address

The Admiralty Registry within the Royal Courts of Justice, Strand, London WC2A 2LC is open between 10am and 4.30pm Monday to Friday. Please address all correspondence to the admiralty registry and quote the claim number.

Claim No.	
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Details of limitation claim *(continued)*

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.