



# Claim Form (Admiralty 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)

Name and address of Defendant receiving this claim form

Claim No.

Brief details of claim

Particulars of claim (\*attached)(\*will follow if an acknowledgment of service is filed that indicates an intention to defend the claim)

Statement of Truth

\*(I believe)(The Claimant believes) that the facts stated in this claim form \*(and the particulars of the claim attached to this claim form) 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)(’s solicitor) (if signing on behalf of firm, company or corporation)

*\*delete as appropriate*

Claimant’s or 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.