

Part D

List of Defects

All Ship Types

Ship name:	<input type="text"/>
IMO No:	<input type="text"/>
Date survey completed:	<input type="text"/>
Survey port:	<input type="text"/>
Surveyor's name:	<input type="text"/>
Survey company:	<input type="text"/>
Surveyor's ref. number:	<input type="text"/>

Order club:	<input type="text"/>
Club ref. no.:	<input type="text"/>

Ship type

<input type="radio"/> Oil tanker	<input type="radio"/> Chemical Tanker	<input type="radio"/> Gas Tanker
<input type="radio"/> Passenger/Ro-PAX	<input type="radio"/> Ro/Ro	<input type="radio"/> Reefer
<input type="radio"/> Bulker / General cargo	<input type="radio"/> Container	<input type="radio"/> Passenger
<input type="radio"/> Barges - Liquid cargo	<input type="radio"/> Barges - Dry cargo	<input type="radio"/> Tug
<input type="radio"/> Fishing Boat	<input type="radio"/> Hatch cover survey	

This report, and any accompanying documentation or photographs, has been compiled for the sole use of the Club for insurance purposes only and should not be disclosed to third parties without prior written permission from the Club. The information contained in this report, and any accompanying documentation or photographs, is not exhaustive as to the general condition of the ship and should not be relied upon by members or by any other party as any assurance, representation or warranty as to the condition of the ship and nothing herein shall prejudice the Club's rights under the insurance policy in the event of a dispute between the Club and the member relating to the condition of the ship.

Item numbers must correspond exactly to numbering in "Survey Questionnaire".

Item No.	Nature of remark	Seq. No.
<input type="checkbox"/> <input type="text"/>		<input type="text"/>
<input type="checkbox"/> <input type="text"/>		<input type="text"/>
<input type="checkbox"/> <input type="text"/>		<input type="text"/>
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NOTE

If the defects are not rectified the Club is entitled to reject claim(s) for compensation or reduce any amount payable to the member under the rules and also to terminate the period of insurance depending on the given recommendations.

Ship's Master

Owners representative

Surveyor

Signature

Signature

Signature

Print Name

Print Name

Print Name