

## 18.4 DAMAGE REPORT/NOTICE OF LIABILITY

Date & time of damage: Year – Month – Day at hours

PLACE OF DAMAGE:

DESCRIPTION & EXTENT OF DAMAGE:

LIKELY CAUSE OF DAMAGE:

### RESPONSIBLE FOR DAMAGE

Name of vessel / vehicle license plate no:

Name of master / driver:

Name & address of Owner / Company:

Name & address of witness(es):

On behalf of the PORT AUTHORITY OF HELSEINGBORG I am holding you responsible for the damage, as well as for all the consequences arising there from.

Helsingborg Date:

Receipt acknowledged:

Signature Port Official

Signature (liable party)

Name in writing

Name in writing

cc. Responsible party, Ins.claims, Service Dept., Traffic Dept.

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