

Claim File No. _____

FORM 9- DECISION

In the matter of the arbitration between

_____ (Shipper)

And

_____ (Carrier)

Based on written submissions received from the Parties, in accordance with the Sealift Claims Handling Rules, I make the following binding decision:

1. Claim Award (if any)

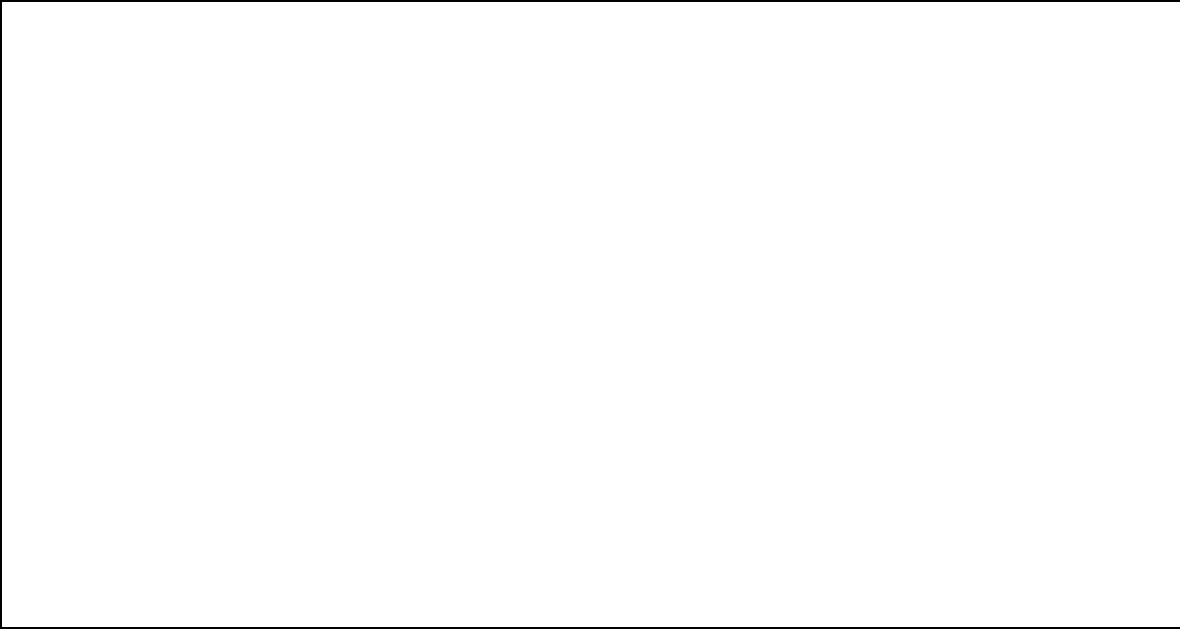
___ The Shipper's Claim is denied.

___ The Carrier is ordered to pay the amount of \$_____ to the Shipper.

2. Costs Award (if any)

The _____ is ordered to pay costs of \$_____ to _____.

3. Brief Reasons



It is so Ordered.

Signature of Arbitrator

Date dd/mm/yyyy

Name of Arbitrator