

# **SEAFREIGHT SHIPPING CONTRACT**

Date:

**Prepared For:**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Town/City: \_\_\_\_\_ County: \_\_\_\_\_  
Post Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Motorcycle Information**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
CC: \_\_\_\_\_ Weight: \_\_\_\_\_  
Dimensions: Height: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_  
Vehicle Identification Number: \_\_\_\_\_

**DEPARTURE (please complete as appropriate)**

Requested Date of Drop Off: \_\_\_\_\_  
Requested Date of Departure: \_\_\_\_\_  
Requested Date of Arrival: \_\_\_\_\_  
Requested Port of Departure: \_\_\_\_\_ Southampton \_\_\_\_\_  
Requested Port of Arrival: \_\_\_\_\_

**Address and Phone Number at Port of Arrival: (Must be completed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO.

**RETURN TRIP - (FOR INFORMATION ONLY, YOU WILL NEED TO BOOK RETURN SEAFREIGHT IN THE COUNTRY YOU ARE RETURNING FROM)**

Requested Date of Drop Off: \_\_\_\_\_  
Requested Date of Departure: \_\_\_\_\_  
Requested Port of Departure: \_\_\_\_\_  
Requested Port of Arrival: \_\_\_\_\_ Southampton \_\_\_\_\_

**YOUR CONTRACT IS NOT VALID UNTIL AVAILABILITY IS CONFIRMED WITH OUR CARRIER**



# **IMPORTANT INSTRUCTIONS REGARDING YOUR SHIPMENT**

## **YOU WILL BE RESPONSIBLE FOR THE FOLLOWING:**

1. Transportation to / from shipping offices, docks and customs offices. The docks may be 4-5 miles away from the shipping office and will either require a taxi journey or your own transportation. There may be no public transport.
2. Customs clearance at all ports. This will involve collecting any documentation and taking them to the Customs office. This may also require transportation. You will collect your motorcycle from the warehouse after paying any applicable fees, duties or overtime charges.
3. Arranging transit insurance if you require it. Under FSA regulations *H-C Travel* is prohibited from offering this service. In the UK, please contact [trevor@swaleinsurance.co.uk](mailto:trevor@swaleinsurance.co.uk).
4. Having **no more than one gallon** of petrol (gasoline) in the tank.
5. Providing ALL spare keys (ignition, fuel tank, bags etc.) in the event it is required at the ports.
6. Any modifications the shipping line may require which will enable them to ship your motorcycle.
7. Any Duty or Tax that may be payable to Customs on your motorcycle shipment.
8. Verifying the days and hours ports are open for drop off and pick up of motorcycle.
9. Verifying the days and hours customs offices are open for customs clearance at each port.
10. Any overtime or after hour's fees.
11. Presenting the **original registration document** and at least one form of photo ID at all ports.
12. Verifying the motorcycle shipment has arrived and is available for pick up at the port of destination. You must always refer to the seaway bill number.
13. Any storage charges at ports if motorcycle is dropped off prior to the scheduled drop off date.
14. Any storage charges if motorcycle is not picked up within the allowable time at your port of arrival (usually 5 days).
15. Any terminal fees, warehouse fees, customs fees or handling charges which are payable only at your port of arrival / departure. These vary from port to port. *Ports accept cash only* (local currency) - no cheques or credit cards - if any fee payments are necessary.
16. You MUST notify the shipping line (and your transit insurer if you have one) immediately in the event of damage caused by handling. As a condition precedent to recovery, a claim for any loss or damage must be filed immediately with the shipping line. If not, your claim may be denied.
17. Any surface transportation or expenses due to any delay in shipment.
18. Arranging return seafreight prior to your return. We will provide you with contact information.

## **SHIPPING CONTRACT TERMS AND CONDITIONS**

1. The transportation of this shipment shall be governed by the rates, terms and conditions of any existing contract between the client and *H-C Travel*.
2. *H-C Travel* shall not be liable for delay caused by changes to sailing schedules, customs clearance, change in manifest, lack of capacity or from any cause.
3. *H-C Travel* will not be bound to transport by any particular schedule, means, vehicle or otherwise as a result of a delay.
4. In no event shall *H-C Travel* be responsible for any indirect, incidental, special or consequential expenses arising out of a delay in shipment.
5. *H-C Travel* shall have the right in case of physical necessity to forward said property by any carrier or route between the point of shipment and the point of destination.

**I UNDERSTAND THE ABOVE INSTRUCTIONS AND AGREE TO THE TERMS AND CONDITIONS.**

**Name:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# PAYMENT OPTIONS

CLIENT'S NAME: \_\_\_\_\_

**CHEQUE**

All cheque payments must be made in pounds sterling, drawn on a UK Bank, payable to *H-C Travel Ltd* for the total premium.

Mail to:

*H-C Travel Ltd*  
16 High St  
Overton  
Hants. RG25 3HA

**BANK WIRE**

You can have your bank wire the premium directly to our bank. Obtain a confirmation that the funds have been wired. You will be responsible for payment of any fees incurred by you bank for this service in addition to our bank charge of £10.00.

WIRE INFORMATION:

Lloyds TSB  
2 Winchester St  
Basingstoke  
Hants. RG21 7EB

Bank sort code 30-90-53  
Name of Account: *H-C Travel Ltd*  
Account 01969288  
IBAN: GB02LOYD30905302037109  
SWIFT: LOYDGB21153

**WEBSITE**

You can pay by debit, charge or credit card on our website, [www.hctravel.com](http://www.hctravel.com), by completing a booking form and using our Worldpay secure payment account.

**CREDIT CARD/DEBIT CARD**

Please charge the amount of £ \_\_\_\_\_ (GBP) plus a handling charge of 1.5% if paying by credit card (no charge for debit cards) to my:

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DELTA \_\_\_\_\_ SWITCH \_\_\_\_\_  
Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Valid from: \_\_\_\_\_ / \_\_\_\_\_ Issue no. \_\_\_\_\_

Card No. \_\_\_\_\_ 3-DIGIT SECURITY CODE \_\_\_\_\_

Name: \_\_\_\_\_  
(Print name as shown on Credit Card)

Credit Card Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Cardholder's Signature)