# Condition Survey Recommendations

Vessel:

Date:

Place of survey:

The below remarks to be rectified and when completed the vessel’s master to revert and confirm to The Swedish Club.

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**Recommendations to be rectified not later than………………………………………………………………………………**

**NOTE
If the recommendations are not rectified The Swedish 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.**

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Vessel’s master Vessel’s superintendent Attending surveyor