

# Claim Form

## Aviation Hull & Liability

Please answer all questions in full. Any delay in returning this may prejudice your claim under this policy.

(For Airport Operators Liability complete sections 1 & 4 only)

### Section 1 – Policy Details:

Policy Number	<input type="text"/>	Expiry Date	<input type="text"/>
Name of Insured	<input type="text"/>		
Address	<input type="text"/>		
Phone (business)	<input type="text"/>	Phone (after hours)	<input type="text"/>
Fax	<input type="text"/>	Email	<input type="text"/>

### Section 2 – Aircraft Details

Aircraft Type:	<input type="text"/>	Registration:	<input type="text"/>
Is Aircraft financed?	<input type="text" value="YES/NO"/>		
Name/Address of financier?	<input type="text"/>		
	<input type="text"/>		
If aircraft being operated- was it being used with your knowledge & consent?	<input type="text" value="YES/NO/NOT APPLICABLE"/>		
Nature of physical loss or damage to the aircraft?	<input type="text"/>		
	<input type="text"/>		
Where can aircraft be inspected?	<input type="text"/>		
	<input type="text"/>		

**Section 3 – Pilot Details:**Full Name:  Date of Birth: Phone – Business  After Hours Mobile:  Relationship to Owner: Owner  Employee  Hirer  Student  Other License Number:  Type:  Expiry Total Hours: Fixed Wing – Piston:  Fixed Wing – Turbine: Helicopter – Piston:  Helicopter – Turbine: Date of Endorsement on this type:  Time on this type Last biennial review date:  By whom: Last medical date: Last Check & Training date:  By whom:

**Section 4 – Accidental Circumstances:**

Date:	<input type="text"/>	Time:	<input type="text"/>
Location:	<input type="text"/>		
Flight origin:	<input type="text"/>	Destination:	<input type="text"/>

Flight type: Commercial  Private  Charter

Description of Circumstances:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Passenger names:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Describe any pilot or passenger injuries:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Name and contact details of known witnesses:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Damage to third party property:

<input type="text"/>
<input type="text"/>

Has any claim been made against you by a third party?

If 'Yes', please give details:


Weather conditions:

Cloud:

Visibility:

Wind strength:

Other material information you wish to disclose or believe we should be aware of.  
(Please provide copies of all relevant supporting documents/correspondence.)


**Declaration:**

I declare the foregoing particulars to be true in every respect to the best of my knowledge and belief.

I consent to the insurer collecting and using my personal information for the purpose of administering my claim including investigating, assessing, adjusting and paying any claim made by me or on my behalf.

Signature of Insured

Signature
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Signature of Pilot

Signature
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Date