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| **NOTIFICATION OF CLAIM - AVIATION** |
| **Insured** | (name and address) | (policy no.) |
| (phone no.) |
| (e-mail) |
| **Aircraft** | (reg. no.) | (fabric) | (S/N) |
| **Pilot** | (name and address) | (phone no.) |
| (e-mail) |
| (cert. no. og type) | (expiry date) | (nos of hrs) | (last 90 days) | (hrs on make and model) |
| **Accident** | (location) | (date and time) |
| (type of operation) | (remark below)Taxi / Take-off / En route / Landing / Parked |
| **Repair** | (location of the aircraft) | (Maintenance workshop) |
| **What happened?** | (describe what happened and how – incl weather conditions, witnesses, flight log and cause of the accident(to be continued on Page 2) |
| **Reports** | (have police and/or aviation authorities been notified?) |
| **Hull** | (describe the damage and repair estimate) |
| **Liability** | (name and contact information if any damage to third party and/or any bodily injury) |
| **Personal Accident** | (name and contact information to pilot and/or passengers)  |
| **What happened?** | (ref. Page 1) |
| **Signature** |  |  |
| (date) | (pilote’s signature) | (date) | (insured’s signature) |