

## Aircraft Damage Report

### Policyholder

<b>Insured</b>			
Company			
Street/House Number		Country	Postal Code
			City
<b>Contact Person</b>			
Form of Address	First Name	Last Name	
Phone	Fax	E-mail Address	

### General information

<b>Flight data</b>		<b>Damage discovery</b>		
Registration	Flight Number/Date	Date	Time (local)	Location
<b>Damage occurrence</b>		<b>Circumstances of loss</b>		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Known	Date	Time (local)	Location/Routing
Visibility at time damage occurrence				
<input type="checkbox"/> Daylight	<input type="checkbox"/> Dawn	<input type="checkbox"/> Darkness	<input type="checkbox"/> Apron lightning	<input type="checkbox"/> Others:

### 1. Kind of flight

<input type="checkbox"/> Scheduled	<input type="checkbox"/> Charter	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Transfer	<input type="checkbox"/> Ferry	<input type="checkbox"/> Check
<input type="checkbox"/> Training	<input type="checkbox"/> Others:				

### 2. Location of damage occurrence

<input type="checkbox"/> Apron position	<input type="checkbox"/> Gate position	<input type="checkbox"/> Taxiway	<input type="checkbox"/> Runway	<input type="checkbox"/> Hangar	<input type="checkbox"/> Hangar Apron
<input type="checkbox"/> Others:					

### 3. Aircraft position at the time of Incident

<b>3.1 Position</b>					
<input type="checkbox"/> Maintenance, repair, overhaul	<input type="checkbox"/> Parking	<input type="checkbox"/> Engine-Test (Run-up)	<input type="checkbox"/> Aircraft Handling	<input type="checkbox"/> Towing	
<input type="checkbox"/> Stand still with engines running (on parking pos., taxiway, before take-off run)					
<b>3.2 Taxiing</b>					
<input type="checkbox"/> For take off	<input type="checkbox"/> After touch down	<input type="checkbox"/> To parking position	<input type="checkbox"/> After aborted take-off		
<b>3.3 Phase of flight</b>					
<input type="checkbox"/> Climb	<input type="checkbox"/> Cruise	<input type="checkbox"/> Descent			
<b>3.4 Others</b>					

### 4. Originator or cause of damage - part one

<b>4.1 Originator of damage</b>		
Name(s)	Company (complete address required when third party)	Department
Do(es) the person(s), who caused the damage, have all required licenses for the handling of vehicles/equipment?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Was the person, who caused the damage, on duty at the place where the damage occurred?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>4.2 Other aircraft</b>		
Kind/Type	Owner	Registration
<b>4.3 Part of the Aircraft (mobile or disintegrating)</b>		

## Aircraft Damage Report

### 4. Originator or cause of damage - part two

#### 4.4 Loading material/Load

Container, IATA ID-Code: \_\_\_\_\_  Pallet, IATA ID-Code: \_\_\_\_\_  Mail  Cargo  Baggage

Details about kind of load, contents, condition/suitability of package, kind of stowage, special loads, visible handling advice etc.

Air way bill no. \_\_\_\_\_

#### 4.5 Vehicles/Equipment

Fuel Truck  Passenger bus  Aircraft tow truck  Tow bar  Catering truck  
 Pallet/Container highloader  Conveyor belt  Baggage cart  Pallet/Container transporter  
 Pallet/Container dolly  Passenger stairs  Air jetty  Ground power unit (GPU)  
 Toiletservice  Air Start Unit (ASU)  Others: \_\_\_\_\_

#### Additional information about respective vehicle/equipment

Exact description of type \_\_\_\_\_ License Plate/Identification Number \_\_\_\_\_

#### Serviceability of the vehicle/equipment as per own judgment

Status \_\_\_\_\_ Explanation \_\_\_\_\_

Perfect  Diminished

#### 4.6 Other causes

Lightning strike  Hail  Snow/Blizzard  Splashing water  Storm  Ice (Slipperiness)  
 Bird strike  Other animals  Stones  Sand  Foreign objects (FOD)  Chemicals  
 Liquid/Water  Fire  Explosion  Self-ignition  Others: \_\_\_\_\_

#### 4.7 Supposed Human Errors

Errors in manoeuvring/handling of vehicles/equipment  Neglect of traffic regulations/procedures  Lack of assistance/errors in assistance during manoeuvring of vehicles/equipment  
 Unknown  Others: \_\_\_\_\_

#### 4.8 Other causes than 4.1 to 4.7 (e.g. terrorism, sabotage, strikes, hi-jacking, etc.)

In the event that damages are caused while a criminal offence is being committed or under the influence of alcohol or by fire, terrorism, sabotage etc. the local police station and the legal department shall be notified. Copy of notification to be attached hereto.

### 5. Damaged areas / parts of aircraft

#### Fuselage

Structure of fuselage  Planking of fuselage  Fixed guide and restraint devices  Cabin/Cabin equipment  
 Cargo compartment  Floor panels

Damaged parts \_\_\_\_\_

#### Wing

Damaged parts \_\_\_\_\_

#### Empennage

Damaged parts \_\_\_\_\_

#### Engine

Position \_\_\_\_\_ Damaged parts \_\_\_\_\_  
 1  2  3  4

#### Landing gear

Position \_\_\_\_\_ Damaged parts \_\_\_\_\_  
 Bow  Fuselage  Main landing gear

#### Electrical units

Damaged parts \_\_\_\_\_

#### Short description about extent of damage at time of recording of damage

(information about repair or partial repair, please list under point 6)

\_\_\_\_\_

## Aircraft Damage Report

### 6. Detailed description of damage

Description (to be continued on separate sheet, if necessary)

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Enclosed find following records (photographs, sketches, plans etc.)

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Following records will be sent later:

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<b>Damage discovered by</b>	
Name	Company

<b>Witness(es)</b>	
Name (1)	Company (1)

Name (2)	Company (2)
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<b>Damage recorded by</b>	
Name	Company

<b>Additional information</b>		
Has the damage been recorded by other than insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, by whom?	Damage-related reference number

Consequences caused by the damage (e.g. delay, flight cancellation, aircraft change etc.)

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Consequent actions (e.g. hotel accommodation, re-booking, passenger expense on route etc.)

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### 7. Extent of damage

Description (to be continued on separate sheet, if necessary)

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<b>Estimated costs for salvage</b>				
Fire fighting	Foam tapestry	Fuel dumping	Others	
				Total

<b>Estimated costs for repair</b>				
Labour	Material	Operating resources	Ferry/Transport	Others
				Total

### 8. Date and Signature

Name in capital letters	Place/Date	Signature
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