

Claims Form Aircraft Insurance

Policy No.:

Delvag Claim No.:

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1. Policyholder

| | |
|---------|---|
| Insured | Operator/Owner of aircraft (only if not identical with the insured) |
|---------|---|

Company (Contact Person)

| | | | |
|---------------------|--------------|-------------|------|
| Form of Address | First Name | Last Name | |
| Street/House Number | Country | Postal Code | City |
| Phone Private | Phone Office | Fax | |
| E-mail Address | | | |

2. Aircraft

| | | |
|------------------|---------------------|--------------|
| Type of aircraft | Registration number | Licensed use |
|------------------|---------------------|--------------|

Airframe

| | | |
|-----------------------------------|--------------------------------|----------------------------|
| Manufacturer | Type/Model | Year of manufacture |
| Serial No. | Total hours | Hours since major overhaul |
| Restrictions specified in license | Date of last annual inspection | |

Engine(s)

| | | |
|---------------|-------------|----------------------------|
| Manufacturer | Type | Year of manufacture |
| Serial No(s). | Total hours | Hours since major overhaul |

| | |
|---|---------------------------|
| Does a registered lien/risk coverage certificate exist? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, for whose benefit? |
|---|---------------------------|

3. Pilots

Pilot in command (or flight instructor)

| | | | |
|---------------------|------------|-------------|------|
| Form of Address | First Name | Last Name | |
| Street/House Number | Country | Postal Code | City |

Pilot's qualifications

| | | |
|--------------------|--|----------------------|
| Type of license | Ratings (aircraft types) | Other qualifications |
| Date of issue | Expiration date | Issuing authority |
| Total flight hours | Flight hours on aircraft type involved in accident | Function on board |

Second pilot (or student, etc.)

| | | | |
|---------------------|------------|-------------|------|
| Form of Address | First Name | Last Name | |
| Street/House Number | Country | Postal Code | City |

Pilot's qualifications

| | | |
|-----------------|--------------------------|----------------------|
| Type of license | Ratings (aircraft types) | Other qualifications |
| Date of issue | Expiration date | Issuing authority |

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7. Cargo

| Cargo on board aircraft | | | | |
|-------------------------|------------------|--------|---------------|----------------|
| Amount | Number of pieces | Weight | Type of goods | Value of goods |
| | | | | |

Description/Estimate of damage in USD

Description of packaging

| Cargo outside aircraft | | | | |
|------------------------|--------|--------|---------------|----------------|
| Amount | Number | Weight | Type of goods | Value of goods |
| | | | | |

Description/Estimate of damage in USD

How was the cargo packaged/secured? By whom was it packaged/secured?

8. Damage to property sustained by third parties

This section covers damage to property (please specify bodily injuries under No. 9) that was not transported in the insured aircraft.

Nature of damage

| | |
|------------------|-----------------------------------|
| Extent of damage | Approximate cost of damage in USD |
|------------------|-----------------------------------|

Information concerning party sustaining damage (1)

| | | |
|---------------------|------------|-------------|
| Form of Address | First Name | Last Name |
| Street/House Number | Country | Postal Code |
| | | City |

Information concerning party sustaining damage (2)

| | | |
|---------------------|------------|-------------|
| Form of Address | First Name | Last Name |
| Street/House Number | Country | Postal Code |
| | | City |

Collision – information concerning aircraft/motor vehicle involved

| | | |
|--|-------|---------------------------|
| Type of vehicle | Model | License plate No. |
| Through which insurance company is liability insurance provided for the aircraft/motor vehicle | | Policy No. / registration |

Information concerning other persons involved in the occurrence of damage (1)

| | | |
|---------------------|------------|-------------|
| Form of Address | First Name | Last Name |
| Street/House Number | Country | Postal Code |
| | | City |

Information concerning other persons involved in the occurrence of damage (2)

| | | |
|---------------------|------------|-------------|
| Form of Address | First Name | Last Name |
| Street/House Number | Country | Postal Code |
| | | City |

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9. Bodily injuries sustained by third parties

This section covers bodily injuries sustained by persons who were not transported in the insured aircraft.

Information concerning injured party (1)

| | | | | |
|---------------------|------------|-------------|---------------------|--|
| Form of Address | First Name | Last Name | | |
| Street/House Number | Country | Postal Code | City | |
| Nature of injuries | Hospital | | Attending physician | |

Information concerning injured party (2)

| | | | | |
|---------------------|------------|-------------|---------------------|--|
| Form of Address | First Name | Last Name | | |
| Street/House Number | Country | Postal Code | City | |
| Nature of injuries | Hospital | | Attending physician | |

10. Miscellaneous

Is your company entitled to deduct value-added tax?

Yes No

Additional information

The foregoing questions have been answered truthfully to the best of my knowledge. Deliberately false or incomplete statements can result in loss of insurance coverage or of benefits payable under the insurance policy.

| | |
|------------|----------------------|
| Place/Date | Signature of insured |
|------------|----------------------|