

Claims Form Aircraft Insurance

PolicyNo.:

Delvag Claim No. (if known):

page 1 of 4

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		Fax		Website
E-Mail				

2. Aircraft

Type of aircraft		Registration number		License 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?		If so, for whose benefit?
<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Claims Form Aircraft Insurance

4. Accident

Date of accident	Location of accident	Time of accident	
Place of departure	Time of departure	Airport of destination	Scheduled time of arrival
Purpose of flight			
<input type="checkbox"/> Passenger transport	<input type="checkbox"/> Cargo transport	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private, for reward
<input type="checkbox"/> Rescue flight	<input type="checkbox"/> Instruction	<input type="checkbox"/> Private, gratuitous	
Load			
Flight with outboard cargo	Load at time of departure		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Passengers/Crew (in kg):	Fuel (inltr./kg):	Baggage (in kg):
Additional equipment:			
Precise description of accident			

Accident reported to

Aviation accident investigation office	Police office
<input type="checkbox"/> Yes (enclose copy of report, state file number) <input type="checkbox"/> No	<input type="checkbox"/> Yes (state office address/file number) <input type="checkbox"/> No

Please enclose a copy of the flight plan/flight order, the written report of the pilot in command and, if applicable, statements of witnesses, a sketch of the terrain and photographs along with the claim report.

5. Hull damage to the insured aircraft

Damage to airframe	Damage to engines and powerplant	Damage to instruments, radio and navigation equipment
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous damage		
Was there previous damage?	What payments were made for previous damage?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
By whom were payments made?		
Type of damage?	Estimated cost of damage in USD	
<input type="checkbox"/> Partial loss <input type="checkbox"/> Probable total loss		
Current location of damaged aircraft	Security measures taken at site	
Information concerning salvage	Cost of salvage/security thus far	
Contact person of insured		
Name	Phone	Fax

6. Passengers in aircraft

Injuries sustained by passengers in the insured aircraft (attach separate page if more than two passengers were injured); specify additional details (such as property damage) under No. 8.

Information concerning injured passenger (1)			
Form of Address	First Name	Last Name	
Street/House Number	Country	Postal Code	City
Information concerning injured passenger (2)			
Form of Address	First Name	Last Name	
Street/House Number	Country	Postal Code	City

Claims Form Aircraft Insurance

7. Cargo

Cargo on board of the aircraft				
Amount	Number of pieces	Weight	Type of goods	Value of goods
Description/Estimate of damage				
Description of packaging				

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

Claims Form Aircraft Insurance

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	

Information concerning injured party (2)				
Form of Address	First Name	Last Name		
Street/House Number	Country	Postal Code	City	

10. Miscellaneous/ Data Protection

Is your company entitled to deduct value-added tax?
 Yes No

Additional information

I have answered the foregoing questions truthfully to the best of my knowledge. I understand that giving any intentionally false or incomplete information may result in loss of insurance coverage.

Declaration regarding data use: By signing below I consent that the personal data stated in this report, or provided or communicated by myself, may be collected, stored and used by Delvag Versicherungs-AG for claim assessment purposes.

Enclosure: Data Protection Policy of Delvag Versicherungs-AG
I declare by signing this document that I have taken note of Delvag's enclosed Data Protection Policy.

Place/Date	Signature of Insured
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Delvag Versicherungs-AG, Seat of Corporation: Venloer Straße 151-153, 50672 Köln, Registereintrag: Amtsgericht Köln HRB 623, Chairperson of the Supervisory Board: Dr. Roland Busch, Executive Board: Lorenz Hanelf, Roland Kern