



Claim Form

Aviation Insurance (Hull Damage)

Assetinsure Pty Ltd
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CLAIM FORM - Aviation Insurance (Hull Damage)

This form is issued to enable the Insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Assetinsure.

IMPORTANT NOTICE

Please read the Claim Form fully before answering the questions.
Please answer all questions relating to your claim as fully as possible. **Use additional sheets** if there is insufficient space on this Form.
We may contact you for additional information or appoint a loss adjuster or investigator.
Please retain any damaged items if possible as they may need to be inspected before settling your claim.
Please do not authorise repairs yourself unless in case of urgent emergency repairs necessary to minimise further damage.
Please attach all quotations for repair or replacement of damaged property or invoices or receipts for items that have already been replaced in an emergency situation to this Form.
Please return the completed Claim Form as soon as possible.

A. DETAILS OF INSURED

1. Insured's Full Name _____
Occupation _____
Insured's Address _____

OTHER INTERESTED PARTY

Name _____
Address _____

Policy Number (if known) _____ ABN _____

Policy Period _____
From _____ / _____ / _____ To _____ / _____ / _____

PERSON TO BE CONTACTED

Name _____
Telephone _____ Fax _____
Email Address _____

- 2. Are you registered for GST purposes? Yes / No
- 3. Have you claimed, or are you entitled to claim, an ITC for the GST applicable to the policy premium?
If so, please specify your percentage entitlement. _____ %



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B. DESCRIPTION OF AIRCRAFT

Make / Model _____ Reg No _____

Cert. of registration holder _____

Total number of hours in service _____ Year of manufacture _____

Last maintenance release No: _____ Issued by _____

Issue date _____ Expiry date _____

No. hours at issue _____ Expiry hours _____

C. NATURE OF OPERATION AT TIME OF ACCIDENT

Phase of operation (eg flight, taxi) _____

Flight from _____ Flight to _____

Purpose of use (eg private, charter) _____

PARTY FROM WHOM AIRCRAFT WAS

Hired or rented (If applicable) _____

Name _____

Address _____

PASSENGERS CARRIED (IF APPLICABLE)

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____



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D. DETAILS OF PILOT IN COMMAND

Name _____
Licence No. _____
Address _____
_____ Telephone No. _____
Type of licence (with endorsements) _____

FLYING HOURS

Total _____ On type _____
Last 90 days _____ Last 90 days on type _____
Medical date of expiry _____
Are licence, reviews, renewals, route checks current? Yes / No

E. DETAILS OF ACCIDENT

Date _____ Time _____
Place _____
Describe the circumstances _____

WITNESSES TO ACCIDENT (IF APPLICABLE)

Name _____
Address _____

Name _____
Address _____



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In 24 hrs prior to accident, had the pilot consumed alcohol?Yes / No

In 24 hrs prior to accident, had the pilot taken medication?Yes / No

Take off weight of aircraft _____

Reported to A.T.S.B?Yes / No

Reported to C.A.S.A.?Yes / No

F. BRIEF DETAIL OF DAMAGE OR INJURIES SUSTAINED

Aircraft _____

Estimated cost \$ _____

Passengers _____

Other persons or property _____

Estimated cost \$ _____



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F. DECLARATION

I, (Full Name) _____

Position _____

Of the Insured and on behalf of the Insured declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me from, third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact.

Signature _____ Date _____

PRIVACY

The Privacy Act requires Assetinsure to inform you that we as an insurer collect your personal information in order to determine liability under the policy, calculate loss and entitlements, compile data and handle claims. We may also have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, claims data collectors, insurance reference agencies and professional advisers. You may seek access to your personal information by contacting the Compliance Manager, Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager at the above address or on the telephone number mentioned.