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## Claim Form

Aviation Insurance (Liability)

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**CLAIM FORM - Aviation Insurance (Liability)**

**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 INCIDENT**

Location \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ am / pm

Briefly describe what happened \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF ANY OTHER AIRCRAFT OR VEHICLE INVOLVED**

Make / Model \_\_\_\_\_

Owner's Name \_\_\_\_\_

Reg No \_\_\_\_\_ Owner's Phone \_\_\_\_\_

**C. DETAILS OF ANY PROPERTY DAMAGED**

Item No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. DETAILS OF ANY PERSONS INJURED**

Name (1) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Injuries \_\_\_\_\_

Name (2) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Injuries \_\_\_\_\_

Name (3) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Injuries \_\_\_\_\_



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### E. DETAILS OF WITNESS(ES)

Name (1) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name (2) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name (3) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



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### F. DECLARATION

I, (Full Name) \_\_\_\_\_

Position \_\_\_\_\_

Of the Insured and on behalf of the Insured declare the above answers to the 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.