

EXCESS AVIATION LIABILITY POLICY

CLAIM FORM

Universal Sampo General Insurance Co. Ltd.
Address: _____

Policy No. _____
Claim No. _____

(The issue of this form is not to be taken as an admission of liability).

1. OWNERSHIP DETAILS:

- a) Registered Owners' Name and Address:
- b) Operators Name & address:
- c) Leasing or Finance Company's' Name & Address:

2. AIRFRAME DATA:

- a) Certificate of Airworthiness Category:
- b) Date of issue of Certificate:
- c) Date of Expiry:
- d) Aircraft Frame & Model:
- e) Manufacturers' Serial No.
- f) Year of Manufacturing:
- g) Registered Mark/Number:
- h) Aircraft Used total Hours:
- i) Maintenance Schedule:

Last check Time	Date	At Airframe Hour
Check A		
Check B		
Check C		
Special Check		
Any Other Check		

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3. ENGINE DATA:

Engine details	No 1	No. 2	No. 3	No. 4
Make & Model				
Manufacturers' Serial No and Year of Manufacturing				
Used time and Cycle since new				
Used since Overhaul				
Overhaul Time & dates				
Date and place of last shop visit				
Purpose of shop visit				

4. PROPELLER DATA:

Propeller	Propeller No.1	No. 2	No. 3	No. 4
Make & Model				
Manufacturers' Serial No.				
Used Since New				
Date of Overhaul				
Used since overhaul				
Time between the overhauls				
Date and place of last shop visit				
Purpose of visit				

5. AVIONICS DATA:

Instruments	Serial No of manufacturer	Make	Model
VHF			
HF			
VOR/ILS/G/S			
ADF			
Transponders			
Altimeter			
Radar			
FDR			
Any other equipment			

6. DETAILS OF CREW MEMBERS:

Particulars	Pilot 1	Pilot 2	Attendants /Air Hostages	Technical Persons & others
Name				
Age/date of birth				
License type, date of issue and validity period				
Ratings- VFR/IFR				
Total hours				
Hours on type				
Hours flown on type				
Last base/line check				

Hours flown in last 24 hours				
Purpose of entering into the craft				

7. FLIGHT DATA:

- a) Flight No:
- b) Flight Schedule:
- c) Purpose of Flight:
- d) Place/Airport of departure:
- e) Airport of intended arrival:
- f) Passenger manifesto/check list:
- g) Baggage manifesto/check list:
- h) Cargo manifesto/check list:

8. ACCIDENT DETAILS:

- a) Place of accident:
- b) Latitude and longitude of the place of accident:
- c) Date and time of Accident:
- d) Cause of accident:
- e) Who was flying the aircraft at the time of accident:
- f) Whether at the time of accident pilot had valid licence:
- g) Whether the pilot is authorized to carry out the flight:
- h) Whether the aircraft was airworthy:
- i) Nature of losses/estimated loss:
- j) Number of persons died/injured
 - 1. Pilots
 - 2. Other crew members.
 - 3. Passengers.

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- k) Number of persons uninjured:
 - l) Baggage/cargo loss details:
 - m) Third party injury:
 - n) Third party property Damages:
9. Photocopies of the following documents are attached:
- a) Certificate of Airworthiness.
 - b) Certificate of Registration.
 - c) Passengers manifesto/check list.
 - d) Cargo Manifesto/check list.
 - e) Baggage Manifesto/check list.
 - f) Load sheet/ weight and balance sheet.
 - g) Weather forecast (en-route and at arrival).
 - h) Last entry form/Technical Log.
 - i) All flight Crew Licence and Medical Certificates:
 - j) Pilots' Report and/or Operators accident/Incident report.
 - k) Airport approach/Departure Schedule.
 - l) Loss estimate.

Declaration

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at www.universalsompo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.

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5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.

6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured/ Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Date

Signature of the insured/operator