

Claim Notification for:

Aircraft



Sirius International Insurance Corporation (publ) Aviation Insurance

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Policy Holder:

Name:

Address:

Zip code: City:

Phone:

E-mail:

Policy no.:

The insured is :

Aircraft Registration:

Registered for VAT? Yes No

VAT Registration no:

Pilot:

Name:

Address:

Zip code: City:

Phone:

Certificate no:

Certificate type: Expiry date: Total PIC:

Previous claim involvement last 5 years Yes No

Please attach copies of Pilot's Certificate and Medical Approval

Claim Information:

Date: Time: Place:

Description: (Describe the incident, weather, witnesses, etc.)

Own Aircraft:

Please attach copies of aircraft's Airworthiness Certificate and Airworthiness Review Certificate

Current location of the aircraft: Workshop which maintains the aircraft:

No. of passengers on board: Purpose of the flight:

Injury to persons on board

Name and address:	Phone:	Pass/Crew	Claim for Person/Baggage	
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Damage to own Aircraft

Third Party:

Injury/Damage to:

Breif description: (scope, registration; etc.)

Persons:

Property:

Other Aircraft :

Other:

Description of Third Party Claim:

Additional Information:

- The accident has been reported to the Police (if yes please attach police report)
- The accident has been reported to a National Accident Investigation Board (if yes please attach report)
- The accident is also covered by other insurance (if yes please specify)

I hereby certify that the information given is complete and correct

Name:

Date:

E-Mail: