

Emergency Rescue Report ☐ 3rd Party Liability-
☐ Accident - Policy Nr.

Insurance Holder

name

street

post code, city

telephone, email

Injured/Rescued Person

name

street

post code, city,

telephone, email

valid pilot licence of the rescued person?
☐ yes ☐ no
type of licence

Licence number

Any other insurance to cover rescue costs?
☐ yes,
Name: _____
☐ no
If yes-please claim rescue cost with this insurance first !

Accident occurred: Date, Time

Location, City, Country

Date of first report to AXA

Affected Aircraft/Glider/Wing (type, year of manufacture, serial number)

Airworthiness Check?
☐ yes, date: _____ ☐ no ☐ new Glider/Wing

Rescue Organisation:

Costs of Rescue (add official bill):

Who has ordered emergency rescue?

Representation of how the incident/accident occurred

Please use a supplementary sheet. If space is not sufficient

Money Transfer to

name		
Bank	BIC	IBAN

I confirm that there is no other insurance to cover rescue costs or that I have claimed or will claim these costs with another insurance. I authorize you inspect all official documents in this case and make copies of them.

Place, Date	Signature of the Insurance holder/Pilot
-------------	---