

Third Party Liability – Claim Report

Policy Nr.

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Insurance Holder

Name
Street
Post Code, City, Country
Telephone/Email

Damaged/Injured Person/Party

Name
Street
Post Code, City, Country
Telephone/Email

Pilot

Name
Street
Post code, City, Country
Telephone/Email

Valid Pilot Licence? <input type="radio"/> yes <input type="radio"/> no
What Licence?
Licence Number

Affected Aircraft/Glider/Wing (Type, Year of Manufacture, Serial number)

Airworthiness Check? <input type="radio"/> yes, date: _____ <input type="radio"/> no <input type="radio"/> new Glider/Wing

Incident/Accident occurred when (date, time): where (Location, City, Country): why (please tick below)? <input type="radio"/> self-blame <input type="radio"/> partial fault <input type="radio"/> caused by others Police Report? <input type="radio"/> no <input type="radio"/> yes, Police Department:

Representation of how the incident/accident occurred

Please use a supplementary sheet if space is not sufficient. Also report any witness (name, address, Tel, Email)	
Damaged Item / Description of injury	Approximate sum of damage

Money Transfer to

Name		
Bank	BIC	IBAN

I authorize you to inspect official documents in this case and to make copies.

Place, Date	Signature of Insurance Holder
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