

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

Insurance Holder

Injured/Rescued Person

name	name
street	street
post code, city	post code, city,
telephone, email	telephone, email

valid pilot licence of the rescued person? <input type="radio"/> yes <input type="radio"/> no	Any other insurance to cover rescue costs? <input type="radio"/> yes, Name: _____ <input type="radio"/> no
type of licence	<i>If yes-please claim rescue cost with this insurance first !</i>
Licence number	

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
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