

Third Party Liability – Claim Report

Policy Nr.

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Insurance Holder

Damaged/Injured Person/Party

Name Street Post Code, City, Country Telephone/Email	Name Street Post Code, City, Country Telephone/Email
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Pilot

Name Street Post code, City, Country Telephone/Email	Valid Pilot Licence? <input type="radio"/> yes <input type="radio"/> no What Licence? Licence Number
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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)?

self-blame partial fault caused by others

Police Report? no yes, Police Department:

Representation of how the incident/accident occurred

<small>Please use a supplementary sheet if space is not sufficient. Also report any witness (name, address, Tel, Email)</small>	
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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