

IMPORTANT INFORMATION
please read this first

aircraft insurance

claim form

Please complete and return this claim form as soon as possible.

The aircraft should not be moved, repairs authorised or any admission of liability, payment, offer or compromise made without the consent of the insurer.

Section 1 claimant details

Name of Insured

Address

Postcode

Telephone Number

Fax Number

Mobile Number

Email Address

GST Details

Do you have an Australian Business Number (ABN)?

No Yes

Please provide your ABN

What is the extent of your entitlement to an Input Tax Credit (ITC) for the premium paid on the policy under which this claim is made, as a percentage of the GST payable on premium?

%

What is the extent of your entitlement to an Input Tax Credit (ITC) on acquisition of the goods or services that are the subject of this claim?

%

Other Interests

State name and address of any other person or organisation having an interest in the aircraft.

Section 2 description of aircraft

Make and Model

Registration Mark

Year of Manufacture

Serial Number

Certificate of Registration Holder

Total number of hours in service

Maximum take off weight of the aircraft

kg

Section 3 aircraft service information

Name of organisation providing last maintenance release

Date last Maintenance Release issued

Expiry Date

Hours at Issue

Hours at Expiry

Section 4 details of accident

Date of Accident

Time of Accident

am/pm

Where did the accident happen (location)?

Was the aircraft in flight?

No Yes

Please state place of

Departure

Destination

What was the aircraft being used for at the time of the accident?

What was the take off weight of the aircraft?

kg

Was the aircraft being taxied?

No Yes

Please describe the movement of the aircraft (draw sketch and attach if necessary)

Was the aircraft on the ground (parked)?

No Yes

Was the aircraft hangared?

No Yes

Was the aircraft moored?

No Yes

If the aircraft was not under the control of the Insured, please state the name and address of the operator or custodian.

Name of Operator or Custodian

Address of Operator or Custodian

Postcode

Were there any witnesses to the accident?

No Yes

Please provide names and address

Witness 1 Name

Witness 1 Address

Postcode

Witness 2 Name

Witness 2 Address

Postcode

Third Parties

Briefly describe the extent of damage to property of and/or injury to Third Parties (other than passengers).

Privacy Statement

The Privacy Act 1988 (Cth) (as amended) now applies and requires us to inform you that:

Purpose of Collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purposes of:

- providing insurance services to you,
- evaluate your application,
- evaluate any request for amendment to any insurance provided,
- issuing, administering and managing the insurance provided following acceptance of an application; and
- investigating and, if covered, manage claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other members of the group of companies to which we belong,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claim investigators, reinsurers,
- other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- other service providers, hospitals, medical and health professionals.

Consequences if Information is not Provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at the address shown on this proposal form.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Privacy Statement issued

Vero Insurance Limited, GPO Box 41, Brisbane Qld 4001.

Code of Practice

We have adopted the General Insurance Code of Practice. Please contact us for more information.

Declaration

Declaration by Proposer

I/We acknowledge and declare that the answers and statements in this application are correct to the best of my/our knowledge and belief and that no information has been withheld which may affect the insurer's decision to accept this application or the terms of the proposed policy.

I/We also consent to:

- the use of personal information about me/us for the purposes shown in the Privacy Statement; and
- the disclosure of personal information about me/us to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

I/We confirm that if I/we have disclosed personal information about any other person, I/we am/are authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclose to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of those purposes.

Signature

Date