

# Aviation insurance claim form

---

**NOTE:**

1. Please answer the following questions fully and accurately to the best of your knowledge and belief.  
This will assist us to deal with your claim promptly.
2. Your claim may be denied if information is untrue, inaccurate or concealed.
3. Aircraft should not be moved or repairs authorised without the approval of the Company.
4. If insufficient space in any area, please append separate sheet.

## Details of policy holder

Policy number	<input type="text"/>	Due date	<input type="text"/>
Name			
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms <input type="checkbox"/> Dr
First name	<input type="text"/>	Family name	<input type="text"/>
Company	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

Other parties having an interest in the aircraft (If insufficient space, please append separate sheet)

Are you GST registered?  Yes  No If yes, what is your ABN?

What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?  %

## Description of aircraft

Make and model	<input type="text"/>	Registration number	<input type="text"/>
Cert. of registration holder	<input type="text"/>	Total no. of hours of service	<input type="text"/>
		Year of manufacture	<input type="text"/>

Aviation insurance

---

Details of last maintenance release

Issued by  Number of hours at issue

Date of issue  Expiry date  (dd/mm/yyyy)

---

Details of accident

Date  (dd/mm/yyyy) Time   AM  PM

Place  Takeoff weight of aircraft

Describe the circumstances

Name and address of witness(s) to the accident

---

Nature of the operation at time of accident

Phase of operation (i.e. flight, taxiing on ground or moored)

Flight from  to

Purpose for use

If rented - state name and address of party to whom aircraft was rented

Aviation insurance

---

Name and address of passengers carried

---

**Brief detail of damage or injuries**

Brief details of damage to aircraft

Brief details of injuries to passengers

### Aviation insurance

Brief details of injuries to other persons or damage to property

### Details of pilot in command

Name

Mr    Mrs    Miss    Ms    Dr

First name  Family name

Address

Suburb  State  Postcode

Phone  Mobile

Email  Fax

Licence number  Type of license with endorsements

#### Flying hours:

In total  In the last 90 days

On type  In the last 90 days on type

Expiry date of medical  (dd/mm/yyyy)

Are Licence/Reviews/Renewals/Route checks current?  Yes  No

### Aviation insurance

---

Has the pilot in the 24 hours prior to the accident: Consumed alcohol  Yes  No Taken medication?  Yes  No  
Has a report been made to: A.T.S.B.?  Yes  No C.A.S.A.  Yes  No

If YES then by whom?

### Duty of disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

### Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

### Declaration

Read carefully before signing.

I/We declare that the information supplied on this claim form is true in every respect. I/We consent to the use of my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed.\* I consent to the disclosure of my personal information to other Insurers, an Insurance reference service or a required by law. I consent to also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

*\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.*

Name (Please print)

Signature of assured

Date

**Privacy policy.** At One Underwriting we take privacy very seriously. For full details please refer to [oneunderwriting.com.au/privacy](http://oneunderwriting.com.au/privacy)

**One Underwriting** ABN 50 006 767 540 AFSL 236 653

phone 03 9211 3700 claims fax 03 9211 3525  
GPO Box 1230 Melbourne VIC 3001