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### AVIATION CLAIM FORM

<b>Policy Number</b>		<b>Claim Number</b>	
<b>Insurance Company</b>		<b>Type of Policy</b>	
<b>DCA Case Number</b>			

<b>Name of Insured</b>				
<b>Address of Insured</b>				
<b>Contact Numbers</b>	(Bus)	(Home)	(Mobile)	(Fax)
<b>E-Mail Address</b>				

<b>Make &amp; Model of Aircraft</b>	<b>Year</b>	<b>Registration Marks</b>	<b>Agreed Value</b>

Please attach the following documentation:

- Copy of Aircraft Documents (Airworthiness / Registration, etc.)
- Copy of Last Flight Folio
- All Quotes to Date
- Side Picture of the aircraft showing the aircraft registration (From nose to tail)
- Picture of the Instrument panel
- Picture of the Hobbs/Taco Meter
- Copy of the last TV2/72 (summary of the AMO at the last Maintenance)
- Copy of Registration
- Copy of Certificate of Airworthiness
- Copy of CTT

<b>Name of Pilot</b>	<b>Age</b>	<b>Licence and Ratings</b>	<b>Total Time</b>	<b>Type</b>	<b>Multi</b>	<b>Turbine</b>

**Details of any previous accidents/ incidents:**


