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AVIATION CLAIM FORM

Policy Number			Claim Number			
Insurance Company			Type of Policy			
DCA Case Number						
Name of Insured						
			 			
Address of Insured						
Contact Numbers	(Bus)	(Home) (Mobile)		(Fax)		
E-Mail Address						
Make & Model of Aircraft		Year	Registration Marks	Agreed Value		
Please attach the following documentation:						
Conv 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

Name of Pilot	Age	Licence and Ratings	Total Time	Туре	Multi	Turbine
Details of any previous accidents/ incidents:						

Please at	tach the following documentation:				
	Copy of Pilot License (all the pages)				
	rent Valid Medical				
	2 pages of Pilot Logbook				
	y of page on which conversion to type was signed out				
	mary of total flying experience				
• Suili	That y of total righting experience				
	ACCIDENT				
Date	Time H				
Place					
Detailed	Statement from Pilot:				
	DECLARATION				
I declare that the aforementioned information is correct, and particulars are true, and that no information has been withheld					
DIL OT /	NOUDED				
PILOT / I	NSURED DATE				