



Aircraft Notification of Incident

IMPORTANT NOTICES

Insufficient Space in this Proposal Form

If there is insufficient space in this proposal form for you to fully answer any questions or provide the requested information, please attach a page with the additional information.

Privacy Notice

We are bound by the Privacy Act and its associated Australian Privacy Principles (APPs) when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

Sydney

PO Box R753
Royal Exchange NSW 2000
Ph: 02 9950 4000
Fx: 02 9950 4001

Sterling Insurance Pty Limited

ABN: 12 084 296 168, AFSL: 237880
www.sterlinginsurance.com.au

Name of Insured

Address

Are you registered for GST?

YES NO

If yes, what is your ABN

Date of loss

Time of loss

Nature of flight

Flight No (if applicable)

Nature of Incident



Aircraft Manufacturer & Type

Registration

Route

Crew/Passenger Details

Describe any pilot or passenger injuries

Contact Person

Title

Phone No

Email

Current location of aircraft

Contact person (if different to above)

Phone No

Email

DECLARATION

I/We

- a) declare that:
 - i. the answers and information given by me/us in this form are true and correct in all respects;
 - ii. no information has been withheld
 - iii. where answers in this form are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- b) authorise the Underwriters to give to, or obtain from other insurers or an insurance or credit reference bureau, loss adjusters/assessors and other service providers any information relating to this insurance and this loss/claim.
- c) acknowledge that the completion of this form does not mean that indemnity for this loss has been granted
- d) acknowledge that the Underwriters may refuse a claim or reduce their liability if any information is untrue, inaccurate or concealed
- e) acknowledge that I am authorized to sign this Declaration

Proposer's Signature

Date / /

Proposer's Title