**CLAIM NOTIFICATION FORM**

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| **Policyholder Details** | | | | |
| Policyholder: |  | Contact name: |  | |
| Address: |  | | Country: |  |
| Postcode: |  | Email: |  | |
| Telephone: |  | Website: |  | |
| VAT Registered? |  | VAT Number: |  | |

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| --- | --- | --- | --- |
| **Incident Details** | | | |
| Date of incident: |  | Time of incident: |  |
| Who was the Operator at the time of the incident? | | | |
|  | | | |
| The date the Operator gained their Permission: | | | |
|  | | | |
| Address / Location of the incident: | | | |
|  | | | |
| What were the weather conditions at the time of the incident? | | | |
|  | | | |
| Please provide as much information as possible regarding the incident: | | | |
|  | | | |

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| --- | --- | --- | --- |
| **Please provide details of any loss or damage to your drone (owned by you):** | | | |
| Make & Model | Serial No. | Loss / Damage | Value of Eqpt. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide details of any loss or damage to your Associated Equipment (owned by you):** | | | |
| Make & Model | Serial No. | Loss / Damage | Value of Eqpt. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please provide details of any loss or damage to any Hired In Equipment (not owned by you):** | | | | |
| Make & Model | Hiring agreement in force (Yes/No) | Loss / Damage | Value of Eqpt. | Hiring charges |
|  |  |  |  |  |
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| **Please provide details of any third party property damage or injury:** |
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| **Please provide details of any witnesses to the incident:** |
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| **Any other information you wish to add regarding this claim:** |
|  |

**Please note that we will need a copy of the following documents. Please send them with this claim form:**

* **Your Pre-Flight Assessment (pre-deployment survey)**
* **Your On-Site Survey/Assessment**
* **Ops Manual**

**DECLARATION**



You understand the contents of this claim form and you declare that the information given is, to the best of your knowledge and belief, correct and complete. You understand that your information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

**Signed: Date:**

**Position Held:**

