



# TRYGGINGAMIÐSTÖÐIN

NOTIFICATION OF CLAIM IN RESPECT OF POLICY NO. \_\_\_\_\_

1. Insured	Name Address			Telephone no.
2. Aircraft	Reg. mark	Make and model		Year of manufacture
3. Pilot data	Name			Telephone no.
	Certificate type and no.	Expiry date	Flying hours in total	Flying hours on make and model. Resent 3 months
4. The Loss	Where did the loss occur		When	
			Date	Time
		For what purpose was the aircraft used at the time of the loss		
5. Repair	Where is the aircraft now		Where is maintenance normally done	
6. What happened	Describe what happened (weather conditions, witnesses, cause of accident, what has been damaged). Copy of the report to the Civil Aviation Investigation Board <u>must</u> be enclosed.  (Continue on the back where an illustration can be drawn).			
7. Liability (excl. passenger(s)) Bodily injury <input type="checkbox"/> Property damage <input type="checkbox"/>	Injured parties name, address and telephone no., insurance company and policy no.			Estimated value of claim
8. Injury to Passenger <input type="checkbox"/> Loss of Cargo <input type="checkbox"/> Bagage <input type="checkbox"/>	Injured parties name, address and telephone no.			Estimated value of claim
9. Premium payment	Details of last premium instalment (date and amount).			
_____ the _____ the _____				
_____ Pilot's signature			_____ Insured's signature	

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Continuation of item 6.

Drawing that can support the description of the accident.