

Notification Form



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UAV Insurance

Important information

Use this notification form to notify claims on Delta Insurance UAV policies.

You should not make any admission of liability, make any offer of settlement or incur any defence costs without Delta Insurance's prior approval.

Policy details

- 1 Policy number:
- 2 Name of Insured:
- 3 Address:
- 4 Contact name: email: phone:

Aircraft Information

- 1 Make and Model of UAV:
- 2 UAV Serial Number and/or Registration:
- 3 Age of UAV:
- 4 If photographic equipment was attached, please detail:
 - a Make, Model and Serial Number of camera:
 - b Age of Camera:
 - c Make and Model of lens:
 - d Age of lens:
- 5 Please detail any additional equipment attached at the time of loss (damaged or not):

Accident details

- 1 Date and time of loss:
- 2 Location of loss (*photographs of the accident site will assist prompt attention to the claim*):
- 3 Weather conditions:
- 4 Purpose of flight:
- 5 Person operating the vehicle at the time of loss:
 - a Name
 - b Operator's Certification
 - c Operator's total hours on UAVs:
 - d Operator's total hours on this make / model:

- 6 Was anyone injured as a result of this loss? Yes No

If **Yes**, please provide details:

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7 Was anyone else's property damaged as a result of this loss? Yes No

If **Yes** please provide details:

8 Please provide concise details of the accident or circumstances of the loss:

9 Please provide details of all damage (*Photographs of the damaged UAV will assist prompt attention to the claim. If not already obtained, a quotation from the supplier or repair facility will be required – this should be attached or forwarded to Insurers as soon as possible*)

10 Is any public body (e.g. CAA, WorkSafe) investigating the incident? Yes No

If **Yes** please provide details:

Other information

1 Do you have any other insurance policies which may cover this claim? Yes No

2 Are you attaching any documents? Yes No

If **Yes**, please list them:

Declaration

- (a) I am authorized to complete this form on behalf of the Insured.
- (b) The information given above is correct and complete to the best of my knowledge and belief.
- (c) I have not withheld any material information which may affect Delta Insurance's assessment of this claim.
- (d) I authorise the use of this information (and any further information supplied by me or the insured during the course of the claim) by Delta Insurance to assess and administer this claim.
- (e) I authorise the disclosure of this information by Delta Insurance to its advisers, reinsurers and other insurers.
- (f) I understand that I / the insured have certain rights of access to and correction of this information.

Important Information

Please ensure that you complete all sections of this questionnaire, in as much detail as possible, before submitting. Any missing information may cause a delay in the handling of your claim.

Please note that upon receipt of this questionnaire, a Loss Adjuster may be appointed to investigate this claim on behalf of Insurers.

Signature of Principal, Partner or Director:

Full name of individual:

Date: