

UAV Operators Insurance **Notification form**



IMPORTANT INFORMATION

This is a notification form for claims under a Delta Insurance New Zealand ("Delta") UAV policy.

ushould not make any admission of liability make any offer of settlement or incur any defer

	u should not make any admission of liability, make any off proval.	ter of set	tlement or incur any defence costs without	Del	ta's pr	ior	
PC	LICY DETAILS						
1	Policy number:						
2	Name of Insured:						
3	Address:						
4	Contact name: em	nail:	phone:				
ΑI	RCRAFT INFORMATION						
5	Make and Model of UAV:						
6	UAV Serial Number and/or Registration:						
7	Age of UAV:						
8	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:						
9	Please detail any additional equipment attached at the t	time of I	oss (damaged or not):				
AC	CIDENT DETAILS						
10	Date and time of loss:						
11	Location of loss (photographs of the accident site will ass	sist pron	npt attention to the claim):				
12	Weather conditions and maximum wind speed during flig	ght:					
13	Purpose of flight:						
14	Person operating the UAV at the time of loss:						
	(a) Name:		Operator's Certification: Copy attached?		Yes	\bigcirc	No
	(c) Operator's total hours on UAVs:	(d)	Operator's total hours on this make / mode		.,		
	(e) Flight logs: Copy attached?					0	No
15	Was anyone injured as a result of this loss? If Yes, please provide details:			O	Yes	\bigcirc	No

16	Was anyone else's property damaged as a result of this loss? If Yes please provide details:	0	Yes	0	No
17	Please provide concise details of the accident or circumstances of the loss:				
18	Please provide details of all damage (Photographs of the damaged UAV will assist prompt attention to the already obtained, a quotation from the supplier or repair facility will be required – this should be attached a lnsurers as soon as possible.))
19	Is any public body (e.g. CAA, WorkSafe) investigating the incident? If Yes please provide details:	0	Yes	0	No
ОТ	HER INFORMATION				
	Do you have any other insurance policies which may cover this claim?		Yes		No
21	Are you attaching any documents? If Yes, please list them:	O	Yes	O	No
DE	CLARATION				
(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.				
	I have not withheld any material information which may affect Delta's assessment of this claim.				
(a) I authorise the use of this information (and any further information supplied by me or the insured during the claim) by Delta to assess and administer this claim.	COL	irse o	t tne	
(e)	I authorise the disclosure of this information by Delta 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.				
IM	PORTANT INFORMATION				
	ease ensure that you complete all sections of this questionnaire, in as much detail as possible, before submit formation may cause a delay in the handling of your claim.	ing.	Any r	nissi	ng
	ase note that upon receipt of this questionnaire, a Loss Adjuster may be appointed to investigate this claim urers.	on b	ehalf	of	
Sig	nature of Principal, Partner or Director:				
Fu	I name of individual: Date:				



Lloyd's is a member of the Insurance Council of NZ and we adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers.