



## The New India Assurance Company Limited

Registered & Head Office: New India Assurance, 87, M.G. Road, Fort, Mumbai - 400 001.

Agency

Policy No.

### **PROPOSAL FORM FOR AIRCRAFT AND/OR AVIATION LIABILITIES INSURANCE**

(DEFINITE ANSWERS SHOULD BE GIVEN FOR ALL QUESTIONS. NO COLUMN SHOULD BE LEFT BLANK OR COMPLETED WITH A '-' (DASH))

1. Proposer's name in full:
2. Proposer's address:
3. Proposer's business:  
or occupation

4. Details of aircraft to be insured

Air Frame					Engines		
Make, Type & Series No.	Year of construction	Passenger Seating Capacity		Registration/ Identification Marks	Number & Date of issue of last renewal of C of A	Number and Type	Maximum All Up weight of aircraft in kgs
		Licensed	Declared for the purpose of this insurance				

5. Value of the aircraft

Year of purchase	Price Paid Rs.	Present value of the aircraft with standard instruments and equipment (Rs.)	Extra equipment and accessories fitted to or carried in the aircraft		Total value of the aircraft for the purchase of insurancee
			Details	Value	

6. Purpose for which the aircraft will be used
7. Geographical limits for which mover is required
8. Will aircraft be flown at night ?
9. By whom will the maintenance and running repairs be carried out
10. (a) Where will the aircraft usually be kept ?  
(b) Is the aircraft normally kept in a hanger ?  
(c) If so, state type of construction of hanger
11. Will the aircraft be taxied by persons other than licensed pilots or competent licensed engineers?
12. Have you entered into any agreement with any party whereby liability is assumed or denied in respect of the operations of the aircraft ?  
If so, give details
13. Has any insurance company at any time,  
(a) Declined your insurance proposal?  
(b) Cancelled or refused to renew your policy?  
(c) Required an increased premium or imposed any special condition?

If answer to (a) or (b) or (c) is " Yes" Please give details,

14. Please state details of all accidents/losses during last 5 years.

Date of Accident	Brief details of accident	Cost of estimate of repairs to Aircraft (Rs.)	Amount of liability claims incurred (Rs.)	
			Third Party	Passenger

15. Give details of pilot who will fly the aircraft.

	Pilot	Pilot	Pilot
Name			
Age			
Types of aircraft flown			
Flying experience (in hours) Total Day: Total Night: During last 3 months: On type & make of aircraft proposed for insurance:			
Current License Date of expiry Classification			
Details of accidents, if any, during last three years			

16. Details of insurance required:
- (A) SECTION 1 - LOSS OR DAMAGE TO THE AIRCRAFT  
Whether cover required:  
If so, risks to be covered:  
(State "Flight", Taxying" "Ground" "Moored" as the case may be)
  - (B) SECTION II - THIRD PARTY LIABILITY  
Whether cover required:  
If so, Limit of Indemnity (any one accident):
  - (C) SECTION III PASSENGER LIABILITY  
Whether cover required:  
Limit of liability per passenger:  
Whether cover required on "Legal Liability" basis or "Admitted Liability"  
(voluntary settlement) basis:  
Baggage Liability  
Whether cover required:  
Limit of Indemnity per passenger:
17. (a) Do you require Hull War Risks cover?  
(b) If full Hull War Risks cover is not required, do you require limited coverage for Malicious Damage/Strikes, Riots & Civil Commotion/ Sabotage/Hi-jacking ?
18. PERIOD OF INSURANCE From \_\_\_\_\_ To \_\_\_\_\_

**DECLARATION:** I/We warrant that the abovementioned aircraft is/are my/our property, and the statements and particulars given are true and that no material information has been withheld or suppressed, and I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurance Company and to accept a policy subject to terms, conditions and exclusions prescribed therein.

**Signature of the Proposer**