

**GEMINIA INSURANCE COMPANY LIMITED**

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# AVIATION INSURANCE CLAIM FORM

**INSTRUCTIONS:**

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicant's handwriting, or his dictation.

**1. POLICY DETAILS**

Policy Number \_\_\_\_\_ Insured \_\_\_\_\_ Form of Address \_\_\_\_\_

Operator/Owner of aircraft (only if not identical with the insured) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**2. AIRCRAFT**

Type of aircraft \_\_\_\_\_ Registration Number \_\_\_\_\_ License Use \_\_\_\_\_

Aircraft (Manufacturer) \_\_\_\_\_ Type/Model \_\_\_\_\_

Year of Manufacture \_\_\_\_\_ Serial Number \_\_\_\_\_ Total Hours \_\_\_\_\_

Hours since major overhaul \_\_\_\_\_ Restrictions specified in license \_\_\_\_\_

Date of last annual inspection \_\_\_\_\_ Engine(s)(Manufacturer) \_\_\_\_\_

Type \_\_\_\_\_ Year of manufacture \_\_\_\_\_ Serial No(s) \_\_\_\_\_

Total hours \_\_\_\_\_ Hours since major overhaul \_\_\_\_\_

Does a registered lien/risk coverage certificate exist? ☐ Yes ☐ No

If so, for whose benefit \_\_\_\_\_

**3. PILOTS****Pilot in command (or flight instructor)**

Form of address \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_ Date of issue \_\_\_\_\_

**Pilot qualification**

Type of license \_\_\_\_\_ Ratings (aircraft types) \_\_\_\_\_

Other qualification \_\_\_\_\_ Date of qualification \_\_\_\_\_ Expiry Date \_\_\_\_\_

Issuing Authority \_\_\_\_\_ Total flight hours \_\_\_\_\_

Flight hours on aircraft type involved in accident\_\_\_\_\_

Function on board\_\_\_\_\_

**Second pilot (or student, etc)**

Form of Address\_\_\_\_\_

First Name\_\_\_\_\_Last Name\_\_\_\_\_

Postal Code\_\_\_\_\_City\_\_\_\_\_

**Pilot’s qualifications**

Type of license\_\_\_\_\_Ratings (aircraft types)\_\_\_\_\_

Other qualification\_\_\_\_\_Date of qualification\_\_\_\_\_Expiry Date\_\_\_\_\_

Issuing Authority\_\_\_\_\_