

PROPOSAL FORM FOR LOSS OF FLYING LICENCE INSURANCE

Your attention is drawn to the declaration at the foot of this form. It is important that all sections of this proposal form should be fully completed even if it is for renewal of or for an amount additional to an existing insurance. You should declare all conditions even though you have been declared fit. You should not omit to mention investigations where you have been told that the result is satisfactory. Failure to disclose material information may invalidate the policy.

A. **Surname:** _____ **Rank:** _____
First names: _____
Address (in full) _____

_____ **Post Code:** _____
Tel: (home) _____ **(work)** _____
Date of Birth: _____ **Height:** _____
Weight (current) _____ **(12 months ago)** _____
Annual Salary (including bonuses): _____

B. (i) **Employer:** _____
(ii) **Type of Duties/aircraft:** (please tick all which apply)
Commercial Fixed Wing
Private Rotor Wing
Instruction

C. **All Current Licences Held:** _____
(please specify type, number & country of issue). _____

D. **Sum to be Insured:** _____

E. Please state if this Proposal is:
a) your first proposal to this company
or b) for renewal of an additional amount to an existing insurance
(if (b) state existing Policy No. and amount insured and Agent).

F. Are you entitled to benefit from any other "Loss of Licence, Permanent Health or Aircrew Disability Insurance?"
Yes No
If Yes, state type and the amounts insured _____

G. Do you hold a current medical certificate? Yes No
Has any limitation or endorsement been imposed on any Licence you hold or have held?
Yes No
If Yes, give details _____

H. (i) Date of last aircrew medical examination --
(ii) Date of last electrocardiograph taken as required by the Licensing Authority. --
(iii) Were you advised of any abnormality in or revealed by the examination
Yes No
If Yes, give details _____

I. Have you ever been grounded or had any licence invalidated for medical reasons?

Yes No

If Yes, give dates and details _____

J. Have you ever been required to take additional tests at or after a medical examination, been referred for specialist investigation, had the issue or renewal of any medical certificate deferred, had to return for examination at less than the normal interval of time or been ordered to take drugs or follow any special diet or treatment?

Yes No

If Yes give dates and details _____

K. Have you consulted any medical practitioner or attended hospital during the last five years other than for the purpose of obtaining or renewing your licence?

Yes No

If Yes, state when and for what reason _____

L. **Medical History.**

All medical conditions must be stated giving all disabilities, illnesses and accidents, with appropriate dates. if you have no medical history to declare state **None** _____

M. Are you aware of any deterioration in your health including hearing, eyesight and blood pressure?

Yes No

If Yes, give details _____

N. What is your average daily consumption of alcohol? _____

O. Have you smoked cigarettes, cigars or a pipe in the last 12 months?

Yes No

If Yes, state average daily quantity _____

P. Has either of your parents or brothers or sisters had diabetes, heart disease, high blood pressure or a mental or nervous disease?

Yes No

If so, please give full details, including approximate age at onset _____

Q. Has any Insurance Company or Underwriter:

(i) declined or deferred a Proposal from you?

(ii) charged or quoted more than standard rates?

(iii) cancelled or declined to renew your insurance?

Yes No

If Yes, give details _____

R. Access to Medical Report Act, 1988 (please see below for further details)

I do/do not wish to see the report before it is sent to the Insurers*

*delete as applicable.

I have been informed of my rights under the Access to Medical Reports Act 1988 and I hereby consent to the Insurers obtaining medical reports in connection with this application.

I hereby declare that to the best of my knowledge and belief the answers to the foregoing questions whether in my own handwriting or not are true and complete and that I have not withheld any information which might influence the decision of the Insurers with regard to this proposal. I agree that this proposal and declaration shall be the basis of the Contract between me and the Insurers if a policy is issued.

Signed: _____ **Dated:** _____

The Company reserves the right to impose special conditions or refuse to accept a proposal for insurance.

Access to Medical Reports Act 1988

To process your application we may need to obtain a medical report from any doctor who has attended you. You can withhold your consent for us to obtain the report, but without it cover may be restricted. You are responsible for any fees incurred by us in obtaining such reports.

If you consent, you can see the medical report before it is sent to us. We will inform you when we write to the doctor, and you need to obtain your copy within the next 21 days. If after 21 days the doctor has not heard from you, he can send his report directly to us, and you can still request a copy any time during the following six months for which you may be charged.

If you see the report within the 21 days, the doctor must obtain your consent before sending it to us. You can ask the doctor to amend any part of the report which is incorrect or misleading. You can attach a statement of your views on any part of the report where you and the doctor are not in agreement.

The doctor does not have to let you see any part of the report which could cause serious harm to your physical or mental health, or that of others, or would indicate the doctor's intentions towards you, or if information about you which has been supplied by another person, other than a health professional, would be revealed.

If the doctor withholds any part of the report from you, he must inform you of this fact. If it is the whole report which is affected, the doctor must not send it to us unless you consent to this.

If you do not wish to see the report, the doctor will send it to us immediately, but he must keep a record of the report for a period of six months, and you may apply to see a copy of the report during this time.

LİSANS POLİÇESİ (MAIL ORDER) ÖDEME FORMU

Müşteri Adı Soyadı : _____
Kart Sahibi TC : _____
E- Mai Adres : _____
GSM (Cep) / Sabit Telefon : _____
Kartın Alındığı Banka : _____

KART NO

Lütfen 16 Haneli Kredi Kartı Numaranızı aşağıda yer alan KART NO bölümüne yazınız

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SON KULLANMA TARİHİ:

Kartınızın Son Kullanma tarihini Kartta yazıldığı gibi Ay ve Yıl Olarak doldurunuz.

		/		
AY			YIL	

GÜVENLİK KODU:

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Varsa Taksit Sayısı : Taksit

Ödeme Tutarı (Rakamla) :USD

Ödeme Tutarı (Yazıyla) : USD

Ad / Soyad

İmza