

## Aviation Supplementary Statement

**INSTRUCTIONS FOR FILLING UP THE FORM:-**

1. This form is to be filled by the **Proposer** himself/herself in BLOCK LETTERS in black or blue ink.
2. Please tick a box thus  where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her full signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her full signature on each page / side of the form.

(This statement should be completed by the person to be assured.)

Application Number: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>
Proposal Number: <input style="width: 100%;" type="text"/>	
Life Assured's Name: <input style="width: 100%;" type="text"/>	
Proposer <input style="width: 100%;" type="text"/>	

Date of Birth : \_\_\_\_\_

Please answer each question and where appropriate provide particulars.

1. a) Do you hold a Aviation Licence? :- Yes / No  
 b) If 'Yes', what type of Aviation licence do you hold? :- \_\_\_\_\_
  
2. a) Do you intend to change the scope of your present licence? :- Yes / No  
 b) If 'Yes', please provide details :- \_\_\_\_\_
  
3. a) Are you a Commercial Airline Pilot or Crew Member? :- Yes / No  
 b) If 'Yes', please give the name of your employer :- \_\_\_\_\_
  
4. a) Do you fly a privately owned or chartered aircraft/helicopter? :- Yes / No  
 b) If 'Yes', please indicate  
 i) Average number of hours flown :- \_\_\_\_\_  
 ii) Crew / Passenger (From to Till Date) :- \_\_\_\_\_  

	Past year	Anticipated next year
iii) Private or club flying for pleasure		
iv) Private flying for business / agriculture		
v) Private flying for other purposes, please specify	:- _____	
vi) Please specify year of manufacture of Aircraft	:- _____	
  
5. a) What type(s) of aircraft do you presently fly? :- \_\_\_\_\_  
 b) Are you likely to fly in the future? :- \_\_\_\_\_
  
6. Please indicate what routes or areas you fly over :- \_\_\_\_\_  
 \_\_\_\_\_

7. Are you involved or likely to be involved in any of the following types of flying:

a) Experimental or test flying (indicate whether for routine airworthiness or prototype testing)? :- \_\_\_\_\_

b) Competitions, Record attempts, Aerobatics, stunts or exhibitions? :- \_\_\_\_\_

c) Instructor / Instruction (indicate whether club or commercial, ab initio or advanced)? :- \_\_\_\_\_

8. a) Are you are engaged or are likely to be engaged, in flying as a member of the armed forces? Yes / No

b) If 'Yes', please state

i) Branch of the armed forces you are serving :- \_\_\_\_\_

ii) Your Rank :- \_\_\_\_\_

iii) Capacity in which you fly or expected to fly (e.g. pilot or other aircrew) :- \_\_\_\_\_

iv) Nature and extent (i.e. number of hours annually) of your flying or expected flying :- \_\_\_\_\_

9. a) Have you ever been involved in a flying accident or had your license restricted or suspedced for any reason :- Yes / No

b) If 'Yes', please provide details :- \_\_\_\_\_

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated \_\_\_\_\_ shall form part of the contract between me and the company.

Place :- \_\_\_\_\_

Date :- \_\_\_\_\_

Signature of Life Assured

**Witness Particulars:**

Name of Witness :- \_\_\_\_\_

Address :- \_\_\_\_\_

Contact No. :- \_\_\_\_\_

Place :- \_\_\_\_\_

Date :- \_\_\_\_\_

Signature of Witness