



Bharti AXA Life Insurance Company Limited

Registered Office: Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra

www.bharti-axalife.com Call centre: 1800- 103- 4444 Registration Number: 130

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

AVIATION QUESTIONNAIRE

Details of the Life to be Insured

Name: _____

Address: _____

Proposal No.: _____

I hereby agree that the statements below shall form part of my proposal for insurance and I declare that such statements together with the said proposal and declaration shall be the basis of the contract between Bharti AXA Life Insurance Company Limited and myself.

1	Kindly state whether you are flying as a pilot or instructor or cabin crew	
	i) Type of licence held: ii) Do you have an night flight or instrument rating. If so please provide details.	i) ii)
2	Details of flying hours	Total to date ----- In the last 12 months
3	Type of aircraft flown with number of hours	
	(i) Rotary wing aircraft (ii) No. of hours per annum	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(i) Fixed wing aircraft (ii) No. of hours per annum	<input type="checkbox"/> Yes / <input type="checkbox"/> No
4	Are you involved in any low level flying or flights not between recognised airfields? If "YES", please provide details	<input type="checkbox"/> Yes / <input type="checkbox"/> No
5	Have you ever had any flying accident, been grounded or had your licence suspended? If "YES", please provide details	<input type="checkbox"/> Yes / <input type="checkbox"/> No

I declare that the above answers are correct to the best of my knowledge and belief.

Signature/Thumb Impression of Life to be Insured _____

Date _____ Place _____