



# Loss of Licence Insurance

## Claim questionnaire

### Section 1

Surname/family name

Christian name/given name

Rank

Address

Date of birth

(Please send birth certificate, or copy, or other evidence of DOB)

### Section 2

a. Date commenced flying

b. Employers and periods  
(e.g. RAF 1971-1979, British Airways 1980-1985, British Midland 1985-present etc.)

Employer	Period

c. **Total** flying hours

d. Flying hours within 6 months immediately before grounding:

e. Type ratings current at time of grounding:

f. Annual/Net monthly salary:

### Section 3

Number, type, date of first issue and name of issuing authority of all flying licences:

a. Valid at commencement of grounding

b. Held in past, but expired (lower gradings, e.g. PPL, CPL of licence(s) mentioned above may be omitted)

### Section 4

Name of any pilots of Air Crew Association to which you belong:



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### Section 5

Name, address and contacts for your General Practitioner (please include e-mail and fax where possible)

### Section 6

Name, address and contacts for your usual aviation medical examiner (please include e-mail and fax where possible)

### Section 7

Disabling condition

a. Diagnosis (as far as you know it)

b. When you first had symptoms (if bodily injury, give date of injury and circumstances in which it occurred)

c. When first found, suspected or diagnosed (if at routine renewal examination, please state so)

d. Names, addresses and contacts for all doctors concerned in diagnosis, investigation or treatment (please include e-mail and fax where possible)



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e. Brief detail of treatment, if any, including names of drugs

#### Section 8

Dates of all sick leave or periods of actual grounding taken for this condition

#### Section 9

Has the condition been notified to your medical examiner or licensing authority?

If so, give dates of all periods of formal invalidation of your licence or official grounding for this condition, plus present status. Please provide a copy of the letter assessing you "temporarily" unfit by the licensing authority if/when received.

#### Section 10

Have you ever been grounded or had your licence invalidated for any other condition? If so, give dates and brief details.

#### Section 11

Have you ever in the past been required to take additional tests at routine licence examination, been referred for specialist investigation, had to return for examination at less than the normal interval of time or been ordered to take drugs or follow any special diet? If so, give brief details and dates.

#### Section 12

Has any limitation or waiver ever been endorsed on your medical certificate (including wearing glasses)? If so, give details and dates.



## Loss of Licence Insurance Claim questionnaire

### Section 13

Are you entitled to benefit from any other loss of licence insurance arranged by you or your employer? If so, give name of insurers, policy number, inception date and benefit payable (i.e., capital sum or number and amount of monthly benefits).

Signature

Date