millstream GLOBAL FLYING

Loss of Training Expenses

Claim questionnaire

Section 1

Surname/family name	
Christian name/given name	
E-mail Address	
Postal Address	
Telephone number	
Date of birth	

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

Section 2

a.	Date commenced training	
b.	Flying hours (if applicable)	
c.	Flying hours within 6 months immediately before grounding (if applicable)	
d.	Irrecoverable training expenses incurred.	

Section 3

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

Section 4

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

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Section 5

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 of diagnosed (if at routine renewal examination, please state so)

d. Names and addresses of 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 6

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

Section 7

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 8

Have you ever been grounded for any other condition? If so, give dates and brief details.

Section 9

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 10

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

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Section 11

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