**Claims Form**

Immediate notice of any claim is to be given to –

Altitude Insurance Ltd, Ground Floor, 71 Lower Baggot Street, Dublin, D02 P593

Tel – 00353(0)89 223 1051/ 0044 (0)7780 552494

Email – office@altitudeinsuranceltd.com

For any urgent assistance, out of office hours, telephone 0044(0)7780 552494 – if we are unavailable, please leave a message detailing the reason for your call.

Please provide the following information when making a claim:

**Aviation Claims –**

|  |  |
| --- | --- |
| **Information Required** | **Details** |
| **Name of Insured:** |  |
| **Risk Reference:** |  |
| **Your Name:** |  |
| **Make and Model of Aircraft:** |  |
| **Registration of Aircraft:** |  |
| **Date of Incident:** |  |
| **Incident Location:** |  |
| **Pilot:** |  |
| **Type of Flight (Private or Commercial):** |  |
| **Type of Claim (Damage to Third Party/ Livestock/ Passenger/ Hull Damage):** |  |
| **Brief Description of Incident (inc. if theft or other malicious incident, the crime reference number):** |  |

**Non-Aviation Claims –**

|  |  |
| --- | --- |
| **Information Required** | **Details** |
| **Name of Insured:** |  |
| **Risk Reference:** |  |
| **Your Name:** |  |
| **Date of Incident:** |  |
| **Incident Location:** |  |
| **Brief Description of Incident (inc. if theft or other malicious incident, the crime reference number):** |  |