



Form F03

THE SOUTH AFRICAN MODEL AIRCRAFT ASSOCIATION
ACCIDENT REPORT AND INSURANCE CLAIM FORM

This form to be completed in accordance with Procedure PR14
Date

Name of Club: Model Make:
Member/Pilot Name: Model Type:
Pilot Qualification Model Size:
Pilot's SAMAA No : Motor:
Date and Time of accident Radio Model and Make:.....
Radio Frequency in Use:

1.) Attach a detailed written report of the Accident

and include a sketch showing the club/ field layout, flight line, runways and position of accident, give all details, as well as names and details of persons or property damaged, names and details of other persons involved, witnesses, and any other relevant information.

Write up and sketch Attached (circle action) Yes No

2.) Pilots Name and contact details

Pilots Name Address..... Phone No.....
..... Cell no

3.) Have you received any indication that a claim will be made upon you?

4.) Name and contact details of other Party/s involved

Names, Address Phone No
Nature of their involvement Cell no
Injuries if any

5.) Names and contact details of witnesses

Names Address Phone no.....
..... Cell no.....

6.) Copy of the Incident/Accident report form F02 Attached (circle action) Yes No

7.) Reported to which police Station

Name of Police station
Name of Police officer
Case No. Date..... Copy attached (circle action) yes No

8.) Accident Reported to SAMAA Chairman or General Manager (circle relevant) Date Time.....

9.) I hereby declare and confirm that to the best of my knowledge all the above information is true and correct.

Signature of member: Print name:
SAMAA No.:

FOR OFFICE USE

10.) Confirmation of receipt by SAMAA Management Committee or General Managers (date and time)

Signature of Committee member: Position:

11.) Date and time Insurance Broker informed, Information sent, and paperwork delivered.:

On completion send this Claim form, together with attachments and the completed Incident/Accident form F02, to the General Manager SAMAA within 48 hours of the Accident.

