

### Aviation Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Aviation Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Application No / Proposal No	
Name of Life to be Assured	

**Section – I Regarding flying experience as a pilot**

1. Do you fly in capacity of pilot? If yes, please answer following question. If no, please proceed to answer question in Section-II.	Yes / No
2. When did you learn to fly?	
3. Mention type of license held.	
4. Flying Hours	Total to date
	In the last 12 months
5. Kindly tick on type of aircraft flown?	<input type="checkbox"/> Rotary wing aircraft <input type="checkbox"/> Fixed wing aircraft
6. Have you ever had any flying accident, been grounded, or had your licence suspended?  If yes, please provide details.	Yes / No

**Section – II Regarding flying as commercial aircrew**

7. Do you fly in capacity of commercial aircrew? If yes, please answer following question.  If no, please proceed to answer question in Section – III.	Yes / No
8. Please give precise capacity. (e.g. navigator or exact designation as aircrew personnel).	
9. Routes served and the nature of flights	
10. Kindly tick on type of aircraft flown.	<input type="checkbox"/> Rotary wing aircraft <input type="checkbox"/> Fixed wing aircraft
11. Kindly tick on weight of aircraft flown.	<input type="checkbox"/> Less than 2300kg <input type="checkbox"/> More than 2300kg
12. Are you involved in any low level flying or flights between unrecognized airfields?  If yes, please provide details of airfields.	Yes / No

**Section – III Business, pleasure, civilian instructor flying, flying as a civilian test pilot or technical observer.**

13. Is purpose of flying for business, pleasure or civilian instructor flying? If yes, please answer following question. If no, please proceed to answer question in Section – IV.	
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14. Tick on exact purpose of flying.	a) Civilian test pilot b) Civilian Instructor flying c) Technical observer d) Business e) Pleasure
15. Are you involved in any kind of flying instruction? If yes, please provide details e frequency and number of hours p.a.	Yes / No Frequency of flying as flying instructor..... Number of hours as flying instructor.....
16. Are you involved as civilian test pilot or technical observer? If yes, please mention exact flying activities (e.g. routine testing for airworthiness experimental or prototype aircraft).	
17. Details of any flying in aircraft not holding current Certificate of Airworthiness	
18. Kindly mention geographical limits.	

**Section – IV Please give details of your expected number of flying hours per annum in the following categories.**

Hours p.a as pilot		Hours p.a. as passenger/aircrew	
Pleasure or recreation	hrs p.a	Pleasure or recreation	hrs p.a
Business	hrs p.a	Business	hrs p.a
Civilian Flying instructor	hrs p.a	Civilian Flying instructor	hrs p.a
Commercial aircrew	hrs p.a	Commercial aircrew	hrs p.a
Civilian test pilot or technical observer	hrs p.a	Civilian test pilot or technical observer	hrs p.a
Operator of aircraft/employer	hrs p.a	Operator of aircraft/employer	hrs p.a

**Other flying**

Please give details of any other flying activities you may participate in now or in the future	
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**❖ An incomplete Questionnaire will not be considered valid**

**Declaration of Life to be Assured:**

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression  
(Life to be Assured)

Date:.....  
Place:.....

Signature/thumb impression  
(Proposed Policy Holder if different  
from Life to be Assured)

Date:.....  
Place:.....

**In the case of thumb impression\ signature in vernacular language:**

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in \_\_\_\_\_ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date:.....  
Place:.....

Name and address of the declarant\_\_\_\_\_