



**HGFA Personal Accident & 3rd Party Loss and Damages Insurance**  
**while flying outside of Australia**

**DUAL Insurance Policy Number:** SPA4451821710

**Insurance Type:** Personal Accident Insurance Policy

**Period of Insurance:** From 4 pm, 30 June 2018 to 4pm 30 June 2019 (AU local standard time)

**QBE Insurance Policy Number:** 031010050430

**Insurance Type:** Aviation Legal Liability Insurance Policy

**Period of Insurance:** From 4 pm, 30 June 2018 to 4pm 30 June 2019 (AU local standard time)

**Deductible:** \$2,000.00 AU each and every loss in respect of Property Damage (payable by the member)

**To whom it may concern,**

This letter is notification, evidence and confirmation that the HGFA holds a current insurance policy that provides: \$20,000,000.00 AU limit of cover within the commonwealth of Australia and its territories, and New Zealand, and \$1,500,000.00 AU limit of cover worldwide, and the coverage is for 3rd parties for loss and damages caused by a current (at time of accident/incident) member of the HGFA.

**\$Nil coverage is provided in the USA and Canada.**

A copy of the Personal Accident & Aviation Liability Insurance policies and certificate of currency documents are available on the HGFA website [www.hgfa.asn.au](http://www.hgfa.asn.au)

**To Comply with the Policy Requirements:**

1. The member must have filled out the OS-INS-App form ( available on-line or page 3 of this document ) and submitted it to the HGFA office for approval, **14 days prior to the travel period**. Approval must be received from the insurer for coverage to apply.
2. The member must be a current financial member of the HGFA throughout this travel period.
3. Notification of any incident where a claim is **likely** must be provided to the Operations Manager of the HGFA as soon as practicable following the incident or no later than five days following the incident. The report of incident must be lodged via the HGFA Accident Incident Report System, in the HGFA Members Zone website: <http://www.hgfa.asn.au>
4. The report must be complete and list all other involved persons.
5. The incident may be reported in email or MSWord format, but must have all information included as per the HGFA on-line Accident/Incident Reporting System.
6. The report must include full contact details of 3<sup>rd</sup> parties who have suffered injury or loss.
7. The report should be augmented with a detailed statement as to the location of the incident, preferably GPS coordinates and aerial photograph.

**To make claim against the Aviation Liability Insurance:**

Send completed Accident/Incident form to the HGFA Operations Manager together with any photos, statements and details of damages caused and associated with the incident. This includes notice of any potential future expenses such as repairs to property or hospitalization of 3<sup>rd</sup> parties.

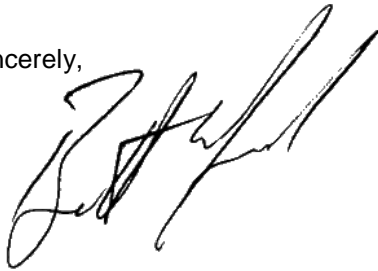
If the above conditions are not complied with then the insurer reserves the right to recover any losses incurred that are associated with any insurance claim relating to the incident involving the member.

The member must comply with all aviation regulations and requirements in the countries they visit, including any requirement to be a member of that countries flying administration or association.

**Claims against the Personal Accident Insurance policy will be managed by the HGFA.**

Thank you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Brett Coupland', written in a cursive style.

Brett Coupland  
Chief Operations Officer.



Arthur J. Gallagher

BUSINESS WITHOUT BARRIERS™

Incorporating OAMPS Insurance Brokers

Arthur J. Gallagher & Co (Aus) Limited

ABN 34 005 543 920

AFSL 238312

180 Greenhill Road

PARKSIDE SA 5063



## HGFA Sports Personal Accident Insurance Cover Whilst Outside of Australia Application

*The Personal Accident policy arranged by Arthur J Gallagher does not extend to cover outside of Australia unless this form is submitted and accepted by Arthur J Gallagher.*

INSURED:	Hang Gliding Federation of Australia Inc.
----------	---

INSURED PERSON/S: (HGFA Members)	
-------------------------------------	--

EVENT or EVENTS: (If applicable)	
-------------------------------------	--

GEOGRAPHICAL LIMIT: (Destinations outside of Australia.)	
---	--

INSURANCE PERIOD: (Flying Dates)	
-------------------------------------	--

AIRCRAFT TYPE:	
----------------	--

SCOPE OF COVER:	<p>Whilst an INSURED PERSON is;</p> <p>(a) Engaging in official competition participation under the auspices of the INSURED</p> <p>(b) Engaging in organised training or practice for the SPORT under the auspices of the INSURED. *</p> <p>(c) Engaging in recreational participation of the SPORT under the auspices of the INSURED.</p> <p>(* within Australia unless agreed to by Arthur J Gallagher)</p>
-----------------	---

Your Name:

Date:

Your Contact Details: Email:

Phone:

Please complete this form and email to: **HGFA Operations Management.** [office@hgfa.asn.au](mailto:office@hgfa.asn.au)