

Your opinion counts!

Damage or loss of _____ with aircraft registration HB-_____

An important part of our services consists of assisting you in the event of damage or loss. Please answer the following questions, so that we can continuously improve our services.

Insurance company:

Claims expert:

The **damage survey** was carried out

Quickly	<input type="checkbox"/> Yes	<input type="checkbox"/> neutral	<input type="checkbox"/> No
Professionally	<input type="checkbox"/> Yes	<input type="checkbox"/> neutral	<input type="checkbox"/> No

Comments:

The **claims processing** was carried out

Quickly	<input type="checkbox"/> Yes	<input type="checkbox"/> neutral	<input type="checkbox"/> No
Professionally	<input type="checkbox"/> Yes	<input type="checkbox"/> neutral	<input type="checkbox"/> No
Fairly	<input type="checkbox"/> Yes	<input type="checkbox"/> neutral	<input type="checkbox"/> No

Comments:

General **impression of Aero Insurance Service AG**

in the event of damage or loss good poor

Comments:

Did a **lawyer** need to be consulted? Yes No

Please return this form by fax to 044/881 27 28.
Your details will, of course, be treated as confidential.