

**PHỤ LỤC**  
(kèm theo CV số: ~~169~~/VFT-CV ngày 4 tháng 8 năm 2025)  
**CÁC THÔNG TIN CẦN CUNG CẤP**

**VIETFLIGHT TRAINING COMPANY**

1. Full name and address of insured: Viet Flight Training JSC

Contact name: Ms Nguyen Thi Thu Hang

Telephone: 028 35470916

Mobile: 0988546858

Fax:

Email: [thuhang@bayviet.com.vn](mailto:thuhang@bayviet.com.vn)

Website address: [www.bayviet.com.vn](http://www.bayviet.com.vn)

2. Is coverage required for any subsidiary or associated companies:

Yes/ No

(if yes please advise full details under Additional Information)

3. Date coverage is to incept:

4. Details of Aircraft to be insured:

Make / Model	Registration	Agreed Value (USD)	Crew / Passenger Seats	Maximum Take-off Weight (kg)
TECNAM P2008JC MKII	VN-C918	225.944	02	650
TECNAM P2008JC MKII	VN-C919	225.944	02	650

5. Estimated annual utilisation hours of each aircraft

6. Address of base airfield: Rạch Giá Airport/ Long An Province/Vietnam

7. Aircraft hangared: Yes / No

8. Name and address of maintenance company: VAECO

9. Total value of spares: 25,000

10. Limits of Liability

Combined single limit of liability any one accident: USD 10,000,000

OR

Third party legal liability limit any one accident:

Passenger legal liability limit any one accident:

11. Geographical area of operation: Vietnam

12. Do any employees travel to high risk regions of the world? Yes/ No

13. Will military airfields be visited? Yes/ No

14. Aircraft uses / Estimated Annual Hours

Aircraft uses	Estimated Annual Hours
Private pleasure / business / industrial aid:	0
Commercial passenger:	0
Commercial cargo:	0
Governmental:	0



Medevac:	0
Continuation training:	0
Advanced training:	0
Agricultural spraying:	0
Slung cargo:	0
Fire fighting	0
Rental to other pilots / flying club / ab-initio training:	0
Race / air display:	0
Parachuting:	0
Glider towing:	0
Banner towing:	0
Other (please specify):	Ab-initio training: 1500 hours/year

15. Does your company or any senior executives own or operate any luxury yachts? Yes/No

16. Do you require quotations for other associated risks:

Hull war: Yes. VFT only perform training flight in Vietnam

(If yes please advise areas of unrest visited and frequency of trips on a separate sheet)

Spares: Yes/No

Engine breakdown: Yes/No

Personal accident: Yes/No

Loss of licence: Yes/No

Aviation premises: Yes/No - see Appendix 2

Aircraft products: Yes/No - see Appendix 2

Hangarkeepers: Yes/No - see Appendix 2

Airside liability: Yes/No - see Appendix 2

Other: Yes/No

17. Please provide copies of any contractual insurance / indemnity clauses which may affect coverage required.

18. Please provide details of any chartering of third party aircraft undertaken by your company: No

19. Please provide details of any rental or personal aircraft usage by employees on company business: No

20. Please advise details of current aviation insurer (include policy period and policy number): No

21. In connection with aircraft insurance, has any insurance company or underwriter ever:

Declined to accept your proposal: Yes/No

Refused to renew your policy: Yes/No

Cancelled your policy: Yes/No

(If you have answered yes to any of the above full details will be required on a separate sheet).

22. Pilot information: Please complete Appendix 1

23. Open Pilot Warranty

Please specify minimum hours required for unnamed pilots:



<b>Fixed Wing Hours</b>	<b>Pilot-In-Command</b>	<b>Co-Pilot</b>
Total time:		
Single piston engine:		
Twin piston engine:		
Single turbine engine:		
Twin turbine engine:		
Jet engine:		
Hours on Make / model to be insured:		
Hours on Type (include names of similar aircraft):		

<b>Rotor Wing Hours</b>	<b>Pilot-In-Command</b>	<b>Co-Pilot</b>
Total time:		
Single piston engine:		
Single turbine engine:		
Twin turbine engine:		
Hours on Make / model to be insured:		
Hours on Type (include names of similar aircraft):		

24. Recurrency training (all pilots including full details of location / dates): Rạch Giá airport

25. Frequency of recurrency training: 12 months

26. Have the insured or pilots been involved in any aviation claims or violations or any incidents which may give rise to a claim in the last 5 years: Yes / ☒ No  
(if yes please advise full details on a separate page including estimated value and amount(s) of any settlement)

27. Is personal accident coverage currently included in the benefits package provided for your employees? Yes / ☒ No

28. Does your company provide insurance for flying crew, covering the loss of their licences? ☒ Yes / No

29. Identifying the underwriters who currently insure your company's other lines of coverage can assist Willis in maximizing your market leverage, in order to further drive down the pricing on your aviation insurance:

<b><u>Maximizing Your Market Leverage</u></b>	<b><u>Currently</u></b>	<b><u>Purchased</u></b>
<b>Directors &amp; Officers Insurance</b> - Personal protection for your company's directors and officers for their professional liability:	Yes/ <input checked="" type="radio"/> No	
<b>Employers Liability</b> – To protect your company against liability arising out of injury to your employees:	Yes/ <input checked="" type="radio"/> No	

<b>Motor / Automobile</b> – To cover physical damage to your company's vehicles and liability arising out of their use:	Yes / <input checked="" type="radio"/> No
<b>Property</b> – To cover physical damage to your company's buildings and contents:	<input checked="" type="radio"/> Yes / No

### 30. Additional Information

Please provide any further information, which may be considered material to (Re)Insurers in connection with your proposed request for aircraft insurance cover

### 31. Financial Services Authority

In respect of our FSA responsibilities as an authorised insurance broker we are required to request the following information from you:

Turnover / Charity Income / Trust Assets over GBP 1,000,000	<input checked="" type="radio"/> Yes / No
Turnover over EUR 12,800,000	Yes / <input checked="" type="radio"/> No
Balance Sheet over EUR 6,200,000	Yes / <input checked="" type="radio"/> No
Average number of employees over 250	Yes / <input checked="" type="radio"/> No

### Declaration

To the best of my knowledge and belief the information provided in connection with this proposal is true and material facts have been included.

### Duty of Disclosure

*You are under a duty to disclose all material circumstances and to make such disclosure in a manner that is reasonably clear and accessible to a prudent insurer. This duty applies equally at placement, renewal, alterations and where the insurance contract conditions so stipulate. A factor or circumstance is "material" if it would influence the judgment of a prudent insurer in deciding whether or not to underwrite the risk and if so, at what premium and on what terms. Failure to discharge this duty may allow insurers to avoid the policy (i.e. treat it as if it had never existed) or amend the terms that apply which may lead to a claim being refused or a reduction in the amount paid in the event of a claim. Even where you purchase (or propose to purchase) 'consumer insurance' where this duty does not apply, you are still legally obliged to take reasonable care not to make any misrepresentation to the insurer. We will not be responsible for any consequences which may arise from any delayed, inaccurate or incomplete information, or any misrepresentation made by you.*

*Please discuss with us if you have any doubts about what is material or have any concerns that we may not have material information, or have any doubt about what the applicable duty of disclosure is.*

Signed:

Position / Title:

Date: 04 Aug 2025

