



VIETNAM AIRLINES CATERERS LTD. (VACS)

AIRPORT GROUND HANDLERS QUESTIONNAIRE

Questionnaire	2025
1 Name and address of Insured:	VIETNAM AIRLINES CATERERS LTD. Tan Son Nhat Int'l Airport, Tan Son Hoa Ward, Ho Chi Minh City, Vietnam.
2 Where is the main base(s) of the operation(s):	Tan Son Nhat Int'l Airport, Tan Son Hoa Ward, Ho Chi Minh City, Vietnam.
3 Total number of employee's:	725 contractual employees
4 Total annual revenues (figures provided should be for the 12 months i) prior to / ii) forthcoming period of coverage): i) Actual last 12 months: ii) Anticipated forthcoming 12 months:	2024: 1,096 bil. VND 2025B: 1,138 bil. VND
5 Geographical locations and percentage split of revenues: i) Location: Revenue..... ii) Location:Revenue.....	SGN: 2024: 1,077 bil. VND 2025B: 1,113 bil. VND PQC: 2024: 19 bil. VND 2025B: 25 bil. VND
6 Approximate number and target type of aircraft served	B777, B767, B787, B737,... A340, A330, A321, A320, A350, ATR72,...
7 Approximate number of meals served:	5.8 mil. meals (Fr. Jan.2025-Jun.2025)
8 Are the Insured's contracts with its customers in accordance with: i) IATA Standard Catering Services Agreement (AHM814)? Y/N ii) IATA Standard Inflight Catering Agreement (SICA)? Y/N iii) Does the Insured have any other existing contractual agreements with its customers which do not fall under i) or ii) above. If so, please provide copies of these. Please provide details of work and turnover (actual turnover for the past 2 years and estimated for the next 12 months) for each of the following activities:	Yes Yes Yes (EK, JX, HO, AF, MH, UPS, LO, LD, CZ, OZ, Fedex, Spring airlines)
9 Is the Insured audited under the IATA's Catering Quality Assurance program?	Yes
10 Number of vehicles operated and type (whether cars, vans, loaders, forklift trucks etc):	Catering Truck: 33 units; Suzuki van: 12 units
11 Names of major clients:	VNA/SQ/BR/CZ/CI/JL/NH/EK/QR/TK/SU...
12 Breakdown of nationality of passengers if known:	Worldwide
13 Details of all losses or incidents (whether or not insurance was in force) in the five years prior to the renewal date of coverage:	
14 Details of current insurance arrangements (if any), including i) Insurer ii) What limit of liability is required (please advise if any different limit is required for renewal) iii) Policy expiry date.	
15 Please provide any additional material information:	

Signed:

Name:

Date:

Please note that in the event that answers provided are not accurate or material information is not declared, this may lead to claims being voided.