



Send to
HKV FLYGI
107 85 Stockholm
SWEDEN

Type of Occurrence

<input type="checkbox"/> Accident	<input type="checkbox"/> Incident	<input type="checkbox"/> Other
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Occurrence

Operator	Date of occurrence	Local time of occurrence
Flight date	Flight no	
Airport of departure	Airport of destination	
Aircraft type	Aircraft registration	
Location of occurrence	Origin of the goods	
Description of the occurrence, including details of injury, damage etc. (if necessary use additional page(s))		

Shipping

Proper Shipping Name (including technical name)		UN/ID number	
Class/Division	Subsidiary risk(s)	Packing Group	Category (class 7)
Type of packaging(s)	Packaging specification marking	No. of package	Quantity (or transport index for class 7)
Reference no, of Air Waybill		Reference no of courier pouch, baggage tag or passenger ticket	
Name and address of shipper, agent, passenger etc			
Other relevant information (including suspected cause, any action taken)			

Reporter

Name and title of person making report	Reporter ref
Telephone	E-mail
Company/Dept. code	Adress
Date and signature	

Received - FLYGI Signature

Name and title	Signature
Date	