

SINGAPORE CONFIDENTIAL AVIATION INCIDENT REPORT

NOTE: This form is not for the reporting of accidents, serious incidents or criminal activities.

Date of occurrence

Location of occurrence

Aircraft type

Aircraft registration

Aircraft operator

Flight no.

Occupation (e.g. pilot, LAME)

Total pilot hours, if applicable

Non-pilot aviation experience (yr/mth)

Phase of flight (please tick)

Aircraft standing <input type="checkbox"/>	Taxiing <input type="checkbox"/>	Take-off <input type="checkbox"/>	En route <input type="checkbox"/>	Manoeuvring <input type="checkbox"/>	Approach <input type="checkbox"/>	Landing <input type="checkbox"/>
--	----------------------------------	-----------------------------------	-----------------------------------	--------------------------------------	-----------------------------------	----------------------------------

Altitude

Weather conditions

	Visibility	Wind	Cloud
--	------------	------	-------

Please fully describe the occurrence (Include your suggestions to prevent similar occurrences.)

(Cont'd overleaf)

Your name:

Date:

Address:

Tel no.:

Leave Message?

Yes No

Time of day to call:

For official use by SINCAIR Programme Manager only:

Administrated by:

Date of return to reporter

Form AAIB/SINCAIR September2004

Place Glue Here

Place Glue Here

Place Glue Here

Occurrence description (Cont'd)

FIRST FOLD HERE

Please send us your report with this prepaid business reply folder.

1. Fold along the dotted lines.
2. Seal along the edges of this prepaid business reply folder with clear tape or glue. **(DO NOT STAPLE)**
3. Drop your sealed prepaid business reply folder into the nearest post box.

SECOND FOLD HERE

BUSINESS REPLY SERVICE
PERMIT NO. 07679



SINCAIR Programme Manger
Air Accident Investigation Bureau of Singapore
P O Box 1005
Singapore Changi Airport
Singapore 918155
Republic of Singapore

Postage will be
paid by
addressee. For
posting in
Singapore Only

THIRD FOLD HERE