

# HULL / LIABILITY

**DATE OF ADVICE:**

## **TYPE OF LOSS**

First Party Aircraft Damage		Third Party Aircraft Damage	
First Party Non Aircraft Property Damage		Third Party Non Aircraft Property Damage	
Bodily Injury		Other	

## **POLICY INFORMATION**

Insured Name: \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Date: \_\_\_\_\_

## **LOSS INFORMATION**

Date of Occurrence: \_\_\_\_\_

Time of Occurrence \_\_ : \_\_ am / pm

Accident Location: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country USA \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Aircraft Current Location: \_\_\_\_\_

## **AIRCRAFT DAMAGE**

Details of Incident: Phase of Flight : Takeoff  Landing  In flight  On ground \_\_\_\_

## **AIRCRAFT DETAILS**

Aircraft Type		Aircraft Registration #	
Aircraft Serial #		Aircraft Usage Pleasure and Business	
Aircraft Insured Value \$			

## **ENGINE DETAILS**

Engine Type		Engine Serial #	
Hours Since New		Hours Since Overhaul	
Propeller Hours Since New		Propeller Hours since Overhaul	



**DETAILS OF THIRD PARTY CLAIMANTS**

Claimant \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

**INJURED PARTIES**

Name #1 \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Name #2 \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Name #3 \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Name #4 \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

**WITNESS DETAILS**

Name #1 \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Name #2 \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Agency Incident Reported To : \_\_\_\_\_ Reference Number \_\_\_\_\_

**REPORT COMPLETED BY:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE PROVIDE COPIES OF THE RELEVANT DOCUMENTATION**

<b>Certificate of Aircraft Registration</b>	
<b>Certificate of Airworthiness</b>	
<b>Aircraft Engine Log Book</b>	
<b>Aircraft Log Book (incident related pages only)</b>	
<b>Valid Pilot's License</b>	
<b>Valid Pilot Medical Certificate</b>	
<b>Pilot Hours Log (showing type &amp; total)</b>	