

FIRST REPORT OF LOSS

INSURED INFORMATION		
NAMED INSURED	ADDRESS	POSTAL CODE

POLICY COVERAGE		
POLICY NUMBER	POLICY TERM	HULL VALUE

DEDUCTIBLE		
NOT IN MOTION	IN MOTION	LIABILITY LIMITS

CONTACT INFORMATION			
CONTACT NAME	PHONE	EMAIL	DATE OF REPORT
INSURANCE COMPANY	PERSON MAKING CLAIM	ADJUSTER TO CONTACT	ADJUSTER PHONE

LOSS INFORMATION			
DATE OF LOSS	TIME OF LOSS	LOCATION OF LOSS	AIRCRAFT'S CURRENT LOCATION
TYPE OF LOSS	HULL DAMAGE	BODILY INJURY	PROPERTY DAMAGE
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
OTHER TYPE OF LOSS	INSURED AIRCRAFT INVOLVED	INSURED'S REGISTRATION NUMBER	
THIRD PARTY AIRCRAFT INVOLVED	PILOT'S NAME	PILOT'S PHONE	THIRD PARTY REGISTRATION NUMBER

LIST CLAIMANTS/PASSENGERS/PERSONS INVOLVED AND EXTENT OF ANY PHYSICAL INJURIES			
CLAIMANT 1	CLAIMANT 2	CLAIMANT 3	CLAIMANT 4

DETAILS OF LOSS

DAMAGE SUMMARY AND ANY LOSS ESTIMATE

IF THIS FORM IS BEING FILLED OUT BY A BROKER, PLEASE FILL OUT THE FOLLOWING INFORMATION			
NAME OF BROKERAGE	CONTACT NAME	CONTACT PHONE	CONTACT EMAIL