



Please complete this report and forward to your Broker

## CLAIM NOTIFICATION REPORT

### INSURED INFORMATION

Name:		
Street Address:		
City:	Province:	Postal Code:

### POLICY COVERAGE

Policy Number	
Aircraft Make and Model	
Aircraft Registration	
Pilot's Name	
Hull Value	
Liability limits	

### CONTACT INFORMATION

Your Name	
Phone Number	
Email address	

### LOSS INFORMATION

Date:	Time:
Location of incident:	
Hull damage:	Yes / No
Any injury to passengers or others:	Yes / No
Any property damage:	Yes / No

### DESCRIPTION OF LOSS

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Signature	Date
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