

AVIATION NOTICE OF LOSS / INCIDENT REPORTING FORM

IMPORTANT: Please read and complete this form as fully as possible, print a copy for your records, and return to Simmlands via mail, fax, or email to CLAIMS@SIMMLANDS.COM

1. GENERAL INFORMATION

Insured Name:		Policy Number:	Location of Occurrence (City & Province)
Date of Occurrence:	Time of Occurrence:	Contact Name, Occupation, & Title:	

2. LOSS INFORMATION

Type of Loss (check where applicable) <input type="checkbox"/> Aircraft <input type="checkbox"/> Airport <input type="checkbox"/> Premises & Operations <input type="checkbox"/> Hangarkeepers <input type="checkbox"/> Products & Completed Operations <input type="checkbox"/> Non-Owned Aircraft <input type="checkbox"/> Spares <input type="checkbox"/> Other (Please use space below to describe):	Please describe the Facts of the Occurrence in the space below. Where extra space needed please attach a separate sheet:
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3. AIRCRAFT LOSS INFORMATION. (PLEASE COMPLETE WHERE APPLICABLE):

Aircraft Year, Make & Model:	Any liens on aircraft? (if yes, please describe if applicable):	Please describe any recent maintenance/repairs:
Registration No.:	Date and description of last inspection:	
Name & Address of Registered Owner:	Date of last 100-hour:	Total Hours on left (or single) engine:
	Date airworthiness certificate issued:	Total Hours on right engine:
Name and contact details of Pilot-In-Command:	Pilot Hours (Total):	List any Pilot Limitations:
	Pilot Hours (Make & Model):	
Pilot Date of Birth:	Date of Medical Certificate and Number:	List all Pilot Ratings:

Conditions at time of Loss (check all that apply) <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hail <input type="checkbox"/> Lightning <input type="checkbox"/> Other (Please list in space below):	Additional Condition Questions: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Ceiling</td> <td style="width: 50%;">feet</td> </tr> <tr> <td>Visibility</td> <td>miles</td> </tr> <tr> <td>Temperature</td> <td>°C</td> </tr> <tr> <td>Wind</td> <td>kts</td> </tr> <tr> <td colspan="2">Was a flight plan filed? YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td colspan="2">IFR <input type="checkbox"/> or VFR <input type="checkbox"/></td> </tr> </table>	Ceiling	feet	Visibility	miles	Temperature	°C	Wind	kts	Was a flight plan filed? YES <input type="checkbox"/> NO <input type="checkbox"/>		IFR <input type="checkbox"/> or VFR <input type="checkbox"/>	
Ceiling	feet												
Visibility	miles												
Temperature	°C												
Wind	kts												
Was a flight plan filed? YES <input type="checkbox"/> NO <input type="checkbox"/>													
IFR <input type="checkbox"/> or VFR <input type="checkbox"/>													

4. ADDITIONAL PARTIES INVOLVED/ AIRCRAFT OCCUPANTS:

Please list any additional parties involved in the Occurrence, including other aircraft occupants:

Party / Occupant	Name	Address	Contact #	Injuries/ Property Damage? (Describe)	Employee of the Insured?
1					Yes <input type="checkbox"/> No <input type="checkbox"/>
2					Yes <input type="checkbox"/> No <input type="checkbox"/>
3					Yes <input type="checkbox"/> No <input type="checkbox"/>
4					Yes <input type="checkbox"/> No <input type="checkbox"/>
5					Yes <input type="checkbox"/> No <input type="checkbox"/>

Please describe any other injured parties or property damage in the space below:

5. Declaration

By signing and dating below, I hereby certify that the information contained in this report is true and accurate to the best of my knowledge. Further, I understand that additional information may be required/requested from the insurance company, and I will comply to the best of my ability to provide this information in a timely manner.

SIGNED:

DATED:

(Authorized Representative)

NAME (Please Print):

TITLE/POSITION: