HULL LOSS REPORT

Complete at once and return to Canadian Aviation Insurance Managers, Ltd., 1 First Canadian Place, 100 King Street West, Suite 5705, PO Box 57, Toronto, Canada M5X 1B1 Or Fax to: 416-865-1409

Insured	Policy No.										
Address											
Telephone	Cellular Email										
AIRCRAFT:				YEA		ENGINE					
REGISTRATION NO.	MANUFACTURE	R MODEL	SERIAL NO. YE			ENGINE MAKE		TIME (L&R)			
PILOT:											
Name Age Address											
PILOT LICENCE	PILOT RATINGS	OT RATINGS			AERONAUTICAL EXPERIENCE (Hours)						
D.O.T. Licence No.	irling Transport	Airplane	Single Engine		Pilot Time i Make and I	-	Last 90	Days	Total		
Student Airline Transport		Rotocraft Glider	Multi-Engine Land Sea		Instrument						
	ighter-Than-Air				Night Pilot						
		Type Rating			Total Pilot	Time					
Medical Certificate I II II Date Issued Certificate Limitations:											
TYPE OF OPERATIONVFR:Day	Night]	Privat				Comme		_		
Others (Describe)											
	JS.										
Ceiling											
Clear Cloudy				Sleet Hail				Fog: Light Heavy			
DATE AND LOCATION OF ACCIDENT:DateTimeCityState											
Exact Location of Accident											
Description of Damage											

Insured	Policy No.				
Estimated cost to repair: Aircraft	Engine				

STATEMENT: (describe accident in detail - Use reverse side if additional space is needed)

Signature

ON SEPARATE PAPER sketch diagram outlining terrain and course of aircraft prior to and at time of accident.

