SKYTERRA, INC
Aviation Insurance & Reinsurance Solutions

Notice of Loss / Claim Report

Aircraft accidents, incidents and other losses: airplanes and helicopters

Form SKY-107 (11/26)

Call Skyterra right away: (305) 439-6798
Report the loss to us by phone first, then complete this form as soon as you can and email it to info@skyterra.net. Make any reports to the authorities that the law requires (in the United States, accidents and certain incidents must be reported to the NTSB under 49 CFR Part 830). Protect the aircraft from further damage, keep all records and logbooks, do not admit liability or agree to any settlement, and do not start repairs (other than to prevent further damage) until the insurer approves them.

Complete every section that applies, type directly into this form, then save and return it to your Skyterra representative. Mark "N/A" where a question does not apply. Attach extra pages if you need more room.

1. INSURED AND POLICY

Named insured | Policy number | Insurer

Contact person | Phone | Email

Mailing address | City | State | ZIP

2. AIRCRAFT

Registration (N-number) | Year, make & model | Serial number | Home airport (ID)

Insured hull value ($) | Lienholder or lessor (if any) | Total airframe hours | Hours since last annual / inspection

3. THE OCCURRENCE

Date of loss | Local time | Location: airport ID or nearest city | State / country

Phase of operation: ☐ Parked / hangared ☐ Towing / ground handling ☐ Taxi ☐ Takeoff ☐ Climb / cruise ☐ Approach ☐ Landing ☐ Maintenance ☐ Other

Type of loss: ☐ Damage to aircraft ☐ Injury to passengers or crew ☐ Third-party injury ☐ Third-party property damage ☐ Hangar / ground damage ☐ Theft or vandalism ☐ Weather (wind, hail, flood) ☐ Bird strike ☐ Other

Purpose of flight: ☐ Pleasure & business ☐ Business ☐ Charter / Part 135 ☐ Instruction ☐ Rental ☐ Ferry or test ☐ No flight involved

Describe what happened, in order (attach a separate sheet if needed)

Weather conditions at the time | Flight plan filed? | Departure airport | Destination

4. PILOT IN COMMAND

Pilot name | Phone | Certificate number

Certificate & ratings | Medical class & date (or BasicMed) | Last flight review / recurrent training

Total hours | Hours in this make & model | Hours last 90 days | Hours last 90 days in this model

Is the pilot named or approved under the policy's pilot clause? ☐ Yes ☐ No

5. PEOPLE ON BOARD AND INJURIES

Crew on board | Passengers on board | Injured (number) | Fatalities (number)

Injured persons

	Name	Role (crew, passenger, other)	Nature of injury	Treated where
Person 1				
Person 2				
Person 3				

6. DAMAGE, THIRD PARTIES AND WITNESSES

Damage to the aircraft (describe)

Current location of the aircraft | Contact for access | Phone

Is the aircraft secured and protected from further damage? ☐ Yes ☐ No

Repair facility (if chosen) | Estimate amount ($), if known

Third-party property damaged

	Owner name	Phone	Property and damage
Owner 1			
Owner 2			

Witnesses

	Name	Phone	Email
Witness 1			
Witness 2			

7. AUTHORITIES NOTIFIED

Notified: ☐ NTSB ☐ FAA ☐ Police ☐ Airport authority ☐ Foreign civil aviation authority ☐ None

Report or case numbers | Officer or investigator name and phone

Attached: ☐ Photos ☐ Police / authority report ☐ Repair estimate ☐ Logbook copies ☐ Witness statements ☐ Other

8. STATE FRAUD WARNINGS

The statement for the claimant's state applies to this report.

APPLICABLE IN ALASKA, ARIZONA, CONNECTICUT, DELAWARE, GEORGIA, HAWAII, ILLINOIS, INDIANA, IOWA, KANSAS, MASSACHUSETTS, MICHIGAN, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, WISCONSIN, and WYOMING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

APPLICABLE IN ARKANSAS, LOUISIANA, PENNSYLVANIA, RHODE ISLAND and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

APPLICABLE IN ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

APPLICABLE IN CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or submits an application for insurance containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy or submits an application for insurance containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON: Any person who knowingly and with intent to defraud an insurer by filing an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, may be subject to prosecution for insurance fraud.

APPLICABLE IN PUERTO RICO: Any person who knowingly files, presents, offers, participates in, or helps to file, present or offer any false document, information, statement or report in order to obtain an insurance policy shall be deemed to have committed fraud. Any person who furnishes information verbally or in writing, or offers any testimony on improper or illegal actions which, due to their nature constitute fraudulent acts in the insurance business, knowing that the facts are false shall incur a felony. Any person who has committed fraud shall incur a felony and upon conviction shall be punished for each violation by a fine of not less than five thousand dollars ($5,000), nor more than ten thousand dollars ($10,000), or a fixed term of imprisonment of three (3) years, or both penalties. Should aggravating circumstances be present, the fixed penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. Any person who benefits in any way from obtaining insurance, or the payment for a loss under an insurance contract, as a result of the fraud committed, shall be imposed a penalty of restitution corresponding to the amount of money resulting from the fraud.

APPLICABLE IN VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

9. DECLARATION AND SIGNATURE

I declare that the information in this report is true and complete to the best of my knowledge and that no information has been withheld. I authorize the insurer to investigate the loss and to obtain any records relating to it. Submitting this report does not mean the insurer accepts the claim; coverage is determined under the terms of the policy.

Signature

Date

Printed name

Title (if signing for an organization)

10. FOR SKYTERRA USE

Received by

Date received

Reported to insurer on

Insurer claim number