



NASHVILLE HEADQUARTERS
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CLAIM REPORTING FORM

Please complete each item, all sections. Use "NOTES" on reverse, or separate sheet to explain, expand or clarify.

I. Reporting Person

I. Date of Report: (mm/dd/yyyy) Phone: E-mail:
First Name: Last Name: FAX:

II. Insured

Name:
Policy #: Aircraft: Reg. No. N:
Phone: E-mail: Cell:
Insurance Company Name:

III. Loss Information

Date of Loss: (mm/dd/yyyy) Time of Loss: (hh:mm am or pm)
Location of Loss:
Maintenance Facility Where A/C being repaired: Phone:
Contact Person:
Phone: E-mail: Cell:
Address: City: State: Zip:

Pilot at Time of Loss:

Names of any passengers on board:

Loss Details:

Information regarding any injuries, fatalities or property damage:

Additional Comments: