

NOTICE OF CLAIM



PLEASE COMPLETE THE FOLLOWING:

- 1. CLAIMANT'S NAME _____
- 2. CLAIMANT'S ADDRESS _____
- 3. DATE AND TIME OF INCIDENTe _____
- 4. LOCATION OF INCIDENT (NAME OF AIRPORT AND EXACT LOCATION) _____

- 5. PHONEe _____ FAX _____ EMAIL _____
- 6. DETAILED DESCRIPTION OF HOW ACCIDENT OCCURRED _____

- 7.e DESCRIPTION OF INJURY AND/OR PROPERTY DAMAGEe _____

- 8. DESCRIBE ALL MEDICAL TREATMENT AND/OR REPAIR/REPLACEMENT OF PERSONAL PROPERTY _____

- 9. WHAT ARE YOU REQUESTING IN COMPENSATION? _____

- 10.e NAME AND ADDRESS OF YOUR INSURANCE PROVIDER _____

- 11.e WHO DID YOU REPORT THIS INCIDENT TO AT THE TIME OF OCCURRENCE? _____

- 12. PROVIDE NAMES AND ADDRESSES OF ANY WITNESSES TO THIS INCIDENT.e _____

MAIL COMPLETED FORM TO: **GLOBAL AEROSPACE, INC.**
 3399 Peachtree Road, Suite 1100
 IMPORTANT NOTICE Atlanta, GA 30326 or Fax: 404-262-9160 or nkarlen@global-aero.com

You are filing a third party claim for compensation. The administration of a third party claim is different then a claim filed with your private insurance company. Third party claims must be thoroughly investigated before any payments are considered under any applicable coverage.

All claims are handled in the order they are received. An investigation will commence only after this form is received by GLOBAL AEROSPACE, INC. You will be notified, as soon as possible, if additional information or documentation is required to substantiate your claim.

If you have property damage that requires immediate repairs you should contact your personal insurance carrier. Claims investigations can exceed three weeks.

GLOBAL AEROSPACE, INC. will control this investigation and determine the disposition of your claim. Please direct all future inquiries and information to the above address.

COMPLETION OF THIS FORM DOES NOT IMPLY, INFER OF SUGGEST LIABILITY ON THE PART OF OUR INSURED. IT IS YOUR RESPONSIBILITY TO MITIGATE YOUR DAMAGES REGARDLESS OF THE FINAL DETERMINATION OF THIS CLAIM.