



N.A.I.A.

National Aviation Insurance Agency, Inc.

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P.O. Box 2826, Acworth, GA 30102

Initial Notification of Loss

Name of Insured: _____ Policy Number: _____

Address: _____

Date of Accident or Loss: _____ Purpose of flight: _____

Pilot's Name: _____ Certificate Number/ Ratings: _____

Contact number: _____

VFR IFR Weather Conditions: _____

Location of accident/ loss: _____

Description of accident/ loss: _____

Injured persons: Passenger Public
Name: _____ Telephone number: _____

Address: _____

Was Medical Aid Rendered: _____ By whom: _____

Nature and extent of injury: _____

Property Damage:
Name of property owner: _____

Address: _____ Phone Number: _____

Value of Property Damaged: _____ Est. to repair or replace: _____

Description of property and nature and extent of damage: _____

Witnesses:
Names & phone numbers of all witnesses:
