



TITAN

AEROSPACE
INSURANCE

General Loss Report

Date	Phone	Reported by
Policy Type	Insured	
Email	Cell Number	Office Number
Address		
Insurance Co.	Policy No.	Policy Period
Aircraft N#	Year/Make/Model	
Hull Value	Deductible: Not In-Motion	In-Motion
Lienholder/Loss Payee		

DESCRIPTION OF LOSS	
Date	Location
Description of Loss	
Third Party Claim (Name, Address, Phone, Description of Property)	
Estimate of Cost to Repair Damage	
Additional Remarks	

Signature

Date