

## Notice of Incident

The SPS Supervisor is giving you a copy of this letter after he/she has completed an incident report. This report is informational purposes only. A copy of this report is sent to the Continental Airlines employee parking office for review and filing. SPS will have the manager of the parking lot review the incident and will gather the necessary details. The manager may have to watch video of the times when you entered or exited the lot, run activity reports pertaining to the use of your card, etc., and then report the findings to the director of operations. The director will consult with the Continental Airlines parking coordinator as to the findings that are available. This process may take up to 5 business days depending on the nature of the incident. We will do our very best to investigate your claim.

There are a few things that you need to know:

1. There are signs posted at the front entrance to the lot that specifically state the following:

“WE ARE NOT RESPONSIBLE FOR VEHICLE DAMAGE”

This means that neither your employer nor SPS is responsible for your vehicle while it is parked in the lot. We will handle these cases in a prompt manner.

2. Once a report is completed the staff at the parking lot cannot assist you with any further updates regarding your claim. Please contact (973) 578-8157 if no one from either SPS or your company has contacted you within 5 business days.
3. All incidents must be reported before you leave the property. This is stated on the application that you completed when you were issued a parking pass.
4. Anyone found filing a fraudulent claim will be reported to the Department of Insurance - Fraud Investigation, and your employer.
5. An administrative fee will be charged for any video tapes / disks that are copied pertaining to any incident that you wish to review.

We hope you understand that the above information is necessary in order to make sure your claim is handled as efficiently and accurately as possible.

Thank you.

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant's signature: \_\_\_\_\_ Date: \_\_\_\_\_