

GEICO General Insurance Company

Attn: Region IV Claims, PO Box 35 Macon, GA 31294-9643

2/18/2025

Huy Cao 2715 Klein Rd San Jose, CA 95148-2252

Company Name: GEICO General Insurance Company

Claim Number: 879439795 0000 001

Loss Date: Monday, December 16, 2024

Policyholder: Huy Cao

Driver: Jacqueline Huynh Injured Party: Juan Lopez

I agree to release my policy limits information.

Dear Huy Cao,

Juan Lopez has retained the services of an attorney and is presenting an injury claim against you. This attorney is asking GEICO to release information regarding the Bodily Injury limits of your policy. At this time, we require your permission to disclose this information.

If you need information regarding this claim to make your decision, please contact me at the number below. If you feel you need legal advice to make this determination, you will need to seek this at your own expense.

Please sign the appropriate line below to specify how you wish us to proceed.

Y		
^		

Signature	Date
I do not agree to release my policy limits information	1.
X Signature	Date
Sincerely,	
Amber Rhall 858-513-5161 Claims Department GEICO Toll-Free Number: 1-800-841-3000	

"For your protection, California law requires the following statement to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."