

February 14, 2024

Dairyland  
Via fax: (888) 729-2225

**Our Client:** Tamara Catherine Anderson & Catherine Tilton  
**Date of Birth:** 08/14/1996  
**Date of Loss:** 2/5/2024  
**Claim Number:** 96A289119

To whom it may concern:

This firm has been retained by Tamara Catherine Anderson, your insured customer, who needs your help regarding the above-referenced claim.

At this time, we would appreciate your prompt response to the following matters:

1. Please send me a complete copy of Tamara Catherine Anderson's policy of auto insurance with you, as of the date of the accident, including all endorsements, attachments and amendments, specifically to include all health care coverages and Med-Pay provisions, and UIM provisions.
2. Please advise whether Tamara Catherine Anderson has medical payment ("Med-Pay") coverage under this policy and if so, in what amount for the date of the accident.
3. If any person has given you a recorded statement related to the accident, please send me a copy of the recording(s) and any transcripts.
4. Please provide copies of all correspondence from your company regarding Tamara Catherine Anderson's claims, including any correspondence to treatment providers and case managers.
5. Please provide me with a copy of your entire claims file for any coverages applicable to this loss.
6. Please provide any and all loss runs, ISO reports or other information you have relating to your insureds prior claim history.
7. Please let us know if an investigator has been assigned to this case and for what purpose.

Although we have not determined the amount of the tortfeasor's insurance, please consider this letter as notice of a likely UM or UIM claim. We would therefore ask that you please advise us of the amount of 's UM/UIM coverage and what actions, if any, are required of your insured to comply with any limitation periods in your policy.

Please begin your investigation into our client's injuries, damages, and losses, and make Fisher payments to our office as they become owed. Additionally, in the event medical providers bill your insured's Medpay account directly, please remit those payments to the providers, and not our office. If our office submits the medical bills for Medpay reimbursement, kindly send the payment to our office, made payable to "Ramos Law and "Insured'."

We would appreciate receiving the above information at your earliest convenience. If it will take more than a week or two to respond, I would very much appreciate your letting me know. Also please provide your full contact information or the point of contact with your organization, including but not limited to their email address, physical address and direct phone number.

Thank you for your kind assistance and attention to this matter. We look forward to working on this claim with you.

Sincerely,

RAMOS LAW

Alicia M. Oaks  
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AOaks@ramoslaw.com  
Attorney

/JJE