

NO FAULT INSURANCE INFORMATION

NAME OF PATIENT: JORGJIANO PROKO

DOB: 12/04/2003

ADDRESS: 74 MAIN STREET, APT. 2R, TUCKAHOE, NY 10707

TELEPHONE NUMBER: 347-478-0135

Lubjana Proko (mother) 347-899-0203

INSURANCE CARRIER: STATE FARM INSURANCE

ADDRESS: ADDRESS: PO BOX 106171, ATLANTA, GA 30348-6171

CLAIM NUMBER: 52-27Q2-72F

DATE OF LOSS: 11/24/2021

Policyholder: LUBJANA PROKO

CLAIM SPECIALIST: DONNA KREIS

TEL: 844-292-8615 EXTENSION 518 884 5221