

WC INSURANCE INFORMATION

NAME OF PATIENT: CLEMENTE MATOS

DATE OF BIRTH: 06/24/1973

SSN: 106-60-9763

ADDRESS: 1274 Lafayette Avenue, Apt. 6E, Bronx, NY 10474

TELEPHONE: 347-247-1960

EMPLOYER AT TIME OF ACCIDENT: EL SOL CONTRACTING CORPORATION

ADDRESS: 4306 54TH ROAD, MASPETH NEW YORK 11378

TEL. 914-840-3200

INSURANCE CARRIER: TRAVELERS INSURANCE

ADDRESS: PO BOX 4614 BUFFALO, NEW YORK 14240

CLAIM NUMBER: FWL 5946

DATE OF INJURY: 03/24/2022

WCB: G3320682

CLAIMS ADJUSTER: JOELLE FEUERSTEIN JFEUERST@travelers.com

FAX: 800-798-1323