

NO FAULT INSURANCE INFORMATION

NAME OF PATIENT: Onelia Sanchez

DATE OF BIRTH: 03/23/1941

ADDRESS: 2384 Paulding Avenue Apt.1E, Bronx, NY 10469

TELEPHONE: 718-405-9084

NO FAULT INSURANCE CARRIER: NEW YORK CITY TRANSIT AUTHORITY

ADDRESS: 130 LIVINGSTON STREET, 1ST FLOOR, RM. 10026, BROOKLYN, NY
11201

CLAIM NUMBER: BU2020 625001 4001

DATE OF INJURY: 06/25/2021

ADJUSTER: JOAN JONES

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