

NO FAULT INSURANCE INFORMATION

PATIENT: MARIAM CAMARA

DOB: 02/13/1999

ADDRESS: 2716 SEXTON PLACE, APT. 1 BRONX, NY 10469

SSN: 089-88-9748

TELEPHONE NUMBER: 929-353-3909

INSURANCE CARRIER: ALL STATE INSURANCE COMPANY

ADDRESS: PO BOX 2874, CLINTON, IA 5273-8274

CLAIM NUMBER: 067 596 5957

DATE OF ACCIDENT: 06/16/2022

Adjuster: BRIANA FUENTES

TEL. 718-451-7404

Fax: 608-373-7383