

NO FAULT INSURANCE INFORMATION

NAME OF PATIENT: HEBA ZAIDAN

SSN: 111-96-1571

DOB: 11/03/1989

ADDRESS: 1957 BRONXDALE AVENUE APT. C, BRONX, NY 10462

TELEPHONE: 929-462-7983

INSURANCE CARRIER: GEICO INSURANCE

POLICY HOLDER NAME: HEBA ZAIDAN

POLICY NUMBER: 6101-7149 02

BILLING ADDRESS: PO BOX 9507, FREDERICKSBURG, VA 22403-9526

CLAIM NUMBER: 875 8144 53 0000 001

DATE OF INJURY: 05/19/2022

Adjuster: Azeen Popal

Tel: 516-714-0493