

6/23/2022

(06310)-OLUKAYODE OJO

Date of Birth - 1/15/1975 Sex - Male Marital Status - Single

Address: 776 BARBEY STREET # 2,BROOKLYN,NY,11207
Phone #: (347) 985-5318

Social Security# - 381-75-2189

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 4/25/2022

Time/Place Accident - LINDEN BOULEVARD AND ALBANY AVENUE

Policy Report - Yes

Date of Visit - 5/9/2022

Condition Related to : Auto Accident

Insurance Company : State Farm Fire & Casualty Co.

Address:

Phone: Fax:

Claim# - 3233F658D

Claim Address - P.O BOX 106170

ATLANTA , GA 30348

NF-2 - Yes Sending Date - 05/24/2022

Policy Adjuster - MICHAEL KYLE

518-884-8742

Policy Effective Date -

Policy# - 242 1637 F30 32

Policy holder - OLUKAYODE, OLUWABUKOLA

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - Fax -

Contact Person -

Other Insurance -

Medicare -
