

6/23/2022

(06251)-PARSONS NARREN

Date of Birth - 5/2/1980 Sex - Male Marital Status - Single

Address: 3511 CHURCH AVENUE,BROOKLYN,NY,11238
Phone #: (347) 325-8006

Social Security# -

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 3/19/2022

Time/Place Accident -

Date of Visit - 3/21/2022

Condition Related to : Auto Accident

Insurance Company : GEICO Indemnity Co.

Address:

Phone: Fax:

Claim# - 0337618190000004

Claim Address - PO Box 9507

Fredericksburg, VA 22403-9526

NF-2 - Yes Sending Date - 04/11/2022

Policy Adjuster - Full Name: Sharlayne Weekes

Fax: 8562945154

Policy Effective Date -

Policy# - 4610-63-02-97

Policy holder - WEANS, JOHNNIE, LEE

WCB# -

Carrier case # -

To Attorney - Alan Blumen Firm Name - Blumen and Shayne law firm

Attorney Address - 2916 Shell RD 5th floor

Attorney Phone - 718-618-0462 Fax - 718-618-0463

Contact Person -

Other Insurance -

Medicare -
