



## Hereford Insurance Company

Est. 1982 ♦ Licensed by the New York State Department of Financial Services

36-01 43<sup>rd</sup> Avenue ♦ Long Island City, NY 11101

Tel: (718) 361-1221 ♦ ♦ ♦ Fax: (718) 361-1652

{Claimant Name}  
{Claimant Address}  
{Claimant City, State, Zip Code}

Date:	{System Date}
Claim No:	{Claim Number}
Insured:	{Insured Name}
Claimant:	{Claimant Name}
Date of Loss:	{Accident Date}
Policy No:	{Policy Number}

DEAR SIR/MADAM,

We are in receipt of notice that you were involved in the above referenced motor vehicle accident. ♦ The above-named insured has a policy with Hereford Insurance Company, which provides coverage for this accident. ♦ I am the property damage adjuster assigned to the claim.

We are in the process of investigating the circumstances of this accident and it is important that you are aware of the following information:

- Enclosed is a CLAIMANT ♦ S REPORT OF ACCIDENT FORM. ♦ As your claim cannot be completed without return of this signed and notarized form, please complete this to the best of your ability and either mail it or fax it to my attention. ♦
- Please contact me at the extension provided below to arrange for an inspection of your vehicle by our appraiser. ♦ If you are collecting for your damages through your own insurance company, please indicate on the claimant ♦ s report of accident form and provide your insurance company claim information. ♦ **PLEASE NOTE, if your vehicle was drivable or driven away from the scene of the accident, we will not honor any storage fees.**
- Your claim will be evaluated pursuant to the LAW OF COMPARATIVE NEGLIGENCE FOR THE STATE OF NEW YORK. ♦ This means, that if our investigation determines that our insured is only partially liable, coverage of the property damage, loss of use and other expenses for which this policy provides coverage will only be partially reimbursed in accordance with the percentage that our insured is found to be at fault in the accident. ♦
  - For example, if your damages are \$2,100 and our insured is found to be 2/3 (or 66%) at fault, your recovery would be \$1,400. ♦
  - This recovery may be further limited by the amount of coverage, as in no event will recovery against the insurer exceed the maximum coverage under the policy. ♦ ♦ ♦
  - In the event that it is determined that our insured holds no responsibility for the accident, no offer of settlement will be made.
  - Coverage is also predicated upon certain terms of the policy and the required cooperation by the insured. ♦ Should the insured fail to meet these obligations, the company may disclaim coverage.
- If you need a rental vehicle, reimbursement for reasonable and necessary rental is as follows:
  - The rental vehicle must be comparable to your vehicle. ♦
  - The rental bill must be paid in full and itemized.
  - A copy of your payment must be included (i.e, charge invoice, rental contract, copy of cancelled check)
  - Daily rental rate must not exceed reasonable and customary charges for your area.
  - Reimbursement will be in accordance with comparative negligence, explained above, and only for a reasonable period of time that is required to repair your vehicle based upon our appraisal.
  - If your vehicle is repairable, reimbursement will be considered only for the time your vehicle is not drivable. ♦ This does not include time waiting for parts while your vehicle is drivable. ♦ Please be sure all parts have been received by the body shop before turning your vehicle in for repairs. ♦ **You have a responsibility to control your damages and assure that repairs are not unnecessarily delayed.**
  - If your vehicle is not drivable, we will consider additional rental time starting from our receipt of notice as to your vehicle ♦ s location.

- Upon determination that your vehicle is a total loss, our responsibility for rental will cease. ♦ We will not be responsible for the cost of gasoline purchased, insurance charges or other expenses you normally have with regular use of your vehicle.



Your anticipated cooperation is greatly appreciated. ♦ Should you have any questions, do not hesitate to contact the undersigned.



Very truly yours,

*{Adjuster Name}*

Liability Claims Adjuster

Ext: 7159