

{Insured Name}
{Insured address}
{Insured City, State, Zip Code}

Date: {System Date}
Claim No: {Claim Number}
Insured: {Insured Name}
Insured Operator: {Insured Driver}
Claimant(s): {Claimant Name}
Date of Loss: {Accident Date}
Policy No: {Policy Number}

To Whom it May Concern:

Hereford Insurance Company is your automobile liability carrier. You were involved in an accident on {Accident Date}. We are conducting an accident investigation and require your version of the accident.

Please complete the enclosed DRIVER'S STATEMENT and return it to us as soon as possible.

Failure to give notice and cooperate with our investigation may result in the company disclaiming coverage and you may be held personally responsible.

Your immediate attention in this matter is greatly appreciated.

Very truly yours,

{Adjuster Name}
Hereford Insurance Company
Phone: (718) 361-1221 Ext. 7159

CC: The Friendly Group
287 Tenth Avenue
New York, NY 10001

Any person who, knowingly assists, abets, solicits or conspires with another to make a false report in the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Should you wish to take this matter up with the New York State Department of Financial Services, you may file with the Department either on its website at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm> or you may write to or visit the Consumer Assistance Unit, Financial Frauds and Consumer Protection Division, New York State Department of Financial Services, at: One State Street, New York, NY 10004; One Commerce Plaza, Albany, NY 12257; 1399 Franklin Avenue, Garden City, NY 11530, or Walter J. Mahoney Office Building, 65 Court Street, Buffalo, NY 14202.