

# **Hereford Insurance Company**

Est. 1982 ◊ Licensed by the NYS Department of Financial Services  
36-01 43<sup>rd</sup> Avenue ◊ Long Island City, NY 11101  
Tel: (718) 361-1221 ◊ ◊ Fax: (718) 361-1652

{System Date <Month , Day, Year>}

A decorative horizontal border made of a repeating pattern of black diamond shapes. Each diamond contains a white question mark. The pattern is composed of approximately 20 diamonds, creating a continuous line across the top of the page.

{Claimant Name}

{Claimant Street Address}  
{Claimant City, State, Zip}

{Claimant City, State, Zip}

**Claim No:** {Claim Number}

**Policy No:** {Policy Number}

**Insured:** ♦♦♦{Insured Name}

**Insured Operator:** {Insu}

**Claimant(s):** {Claimant}

T. HUANG, M. M. SONG

Hereford Insurance Company is your automobile liability carrier. You were involved in an accident on {Accident Date}. ♦ We are conducting an accident investigation and will contact you if there is any further need.

1. Upon receipt of this letter please contact Simone Luke at extension {Extension Number} to arrange for a statement to be taken. **Please bring along any photos showing vehicle damages, videos or drive cam of the accident as well as the Police Report, if available.** In addition, please bring your Driver's License, TLC License and Vehicle Registration.

If you have retained legal counsel, please contact Simone Luke to schedule a statement through your attorney.

*Failure to respond to this letter may jeopardize your coverage for this loss.*

If an interpreter is required, please inform me when scheduling an appointment.

Your immediate attention in this matter is greatly appreciated.

Very truly yours

{Adjuster Name}

{Adjuster Name},  
Harford Insurance Company

Hereford Insurance Company  
718-361-1221 Ext: {Extension Number}

Cc:**██████████** {Agent Name}

Cc: {Agent Name}  
To: {Agent Address}

████████████████████ {Agent Address}

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.