

# **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 consisting of a repeating pattern of diamond shapes containing question marks.

{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 damage, 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}

A large grid of black question marks arranged in a rectangular pattern. The grid consists of approximately 10 columns and 15 rows of question marks.

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.