

PROGRESSIVE CLAIMS
150 N. STEPHANIE ST.
SUITE 130
HENDERSON, NV 89074

PROGRESSIVE®

**Underwritten By:
Progressive Direct Insurance
Company**

Claim Number: 19-2012826
Loss Date: February 26, 2019
Document Date: March 7, 2019
Page 1 of 1

claims.progressive.com

Track the status and details of your claim,
e-mail your representative or report a
new claim.

VIJAYAMANIKANDA RAJAGURU
8321 WEST SAHARA AVENUE
APARTMENT 2062
LAS VEGAS, NV 89117

Request for Information

In order to complete the evaluation of your claim, we need additional information from you.

Please review your files and send the following documentation to us at the address above:

If you have any questions, please contact us.

GARY PILKINGTON
Claims Department
1-702-570-4771
1-800-PROGRESSIVE (1-800-776-4737)
Fax: 1-702-570-4844
gpilkin1@progressive.com

Enclosures

Form Z462.01 XX (01/08) NV

AFFIDAVIT OF NO OTHER INSURANCE

I, VIJAYAMANIKANDA RAJAGURU, hereby certify that on February 26, 2019 the only applicable insurance policy I had was with Progressive Direct Insurance Company under policy number 925260862.

I, VIJAYAMANIKANDA RAJAGURU, hereby declare that on February 26, 2019, I did not possess, nor was I insured under any other policies of insurance, either automobile or general, which would indemnify or compensate me in case of an automobile accident resulting in property damage, personal injury, or medical expense payments either to myself or another. I declare, under penalty of perjury, that the foregoing is true and accurate.

The undersigned being first duly sworn, hereby affirms that all statements made herein of his or her own knowledge are true and all statements made herein on information and belief are believed to be true.

Signed: R. Vijaiakadan
Signature of individual completing affidavit

Witness Signature:

Witness Address:

Subscribed, and sworn to, before me, this _____ day of _____, year _____,

_____ Personally Known

Licensed Notary – State of _____

Identification Produced _____

Identification (seal)

This is your Return Address Page.

Please place this document face up in front of all the signature documents that are to be returned. Fold all documents together as noted below.

Please ensure the address shows in the window.

..... Fold Here

..... Fold Here

Return Address Information

Claim Number: 19-2012826
Attention: GARY PILKINGTON

VIJAYAMANIKANDA RAJAGURU
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APARTMENT 2062
LAS VEGAS, NV 89117



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