

New York Central Mutual Fire Insurance Company 1899 Central Plaza East, Edmeston NY 13335-1899 800-234-6926 nvcm.com

01/07/2025

ERIE COUNTY WATER AUTHORITY 295 MAIN ST **ROOM 350** BUFFALO NY 14203-2494

Re:

Policy No: 80159681

D/L:

09/04/2024 Our File: 2024627251-0

Agent:

1K 5193 HOUCK-SEWARD AGENCY

Insured:

SUSAN M CARR

Dear ERIE COUNTY WATER AUTHORITY:

We are the insurance carrier for the above named insured who sustained a loss as a result of your negligence.

Inasmuch as we paid our insured directly for the damages, we look to you for reimbursement in the amount of \$4594.38.

Enclosed please find a Notice of Claim Form together with all pertinent information to substantiate our subrogation claim.

Please forward this letter to your insurance carrier for processing in order to avoid any legal action against you.

If you do not carry insurance, please contact this office in order that we may discuss reimbursement.

Very truly yours,

Mary A. Banta APD Subrogation Examiner I

MAB:mab Encs.

S1M (9/13)

DISCLOSURE STATEMENT

This information which has been provided to you by New York Central Mutual Fire Insurance Company is to be solely used by you in evaluating your claim. No further disclosure of the information enclosed herewith is allowed without the express written consent of New York Central Mutual Fire Insurance Company and the individual to whom this information pertains.

We thank you for your cooperation in maintaining the claimant's right to privacy. To that end, we request that the records which we provided be destroyed after the stated need has been fulfilled.

NOTICE OF CLAIM

DATE 01/07/2025

TO: ERIE COUNTY WATER AUTHORITY

295 MAIN ST ROOM 350

BUFFALO NY 14203-2494

Please take notice that the undersigned hereby makes a claim for damages, the claimant states:

1. CLAIMANT Name:

SUSAN CARR

Address:

113 JOANIE LN

AMHERST NY 14228

2. NATURE OF CLAIM: YOUR VEHICLE STRUCK OUR STOPPED VEHICLE

3. DATE, TIME AND PLACE CLAIM AROSE: 09/04/2024 CLEVLAND DR CHEEKTOWAGA NY

4. AMOUNT OF DAMAGE: \$4594.38

TITLE: NEWWORK CENTRAL MUTUAL INSURANCE

NEW YORK CENTRAL MUTUAL FIRE INSURANCE COMPANY AS SUBROGEE OF 20246272510

FILE NO: 2024627251-0

Sworn to before me this

MAB:mab

Notary Public

LAURIE D. JONES Notary Public, State of New York No. 01JO4945859

Qualified in Oneida County Commission Expires 01/27/2023 SUB10



For tips on ordering visit: statetips.lexisnexisrisk.com

NOTE:

For Customer Support refer to the appropriate platform below:

Police Records Retrieval 800-934-9698

PoliceRecords.support@lexisnexisrisk.com

Accurint for Insurance

866-277-8407

Accurint.support@lexisnexisrisk.com

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PAGE COUNT: 3											
CLIENT: 6637 DIVISION: ADJUSTER: SBUSCHOR CLAIM: 20246272510											
TRANSACTION #: 2859149151 DATE: 2024-10-04 11:03:16.0											
	24 TIME OF LOSS: ND DRIVE OWAGA										
INVESTIGATING AGENCY REPORT NUMBER: REPORT TYPE: PARTY1: PARTY2: PARTY3:											
CAR: MAKE: FORD TAG: AX8124	YEAR: 2016										
ADDITIONAL INFO:											

THANK YOU FOR YOUR ORDER!

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