

CL-10187954-9848

NV3000

AUTO HOME LIFE

HARTFORD REGIONAL OFFICE
43 Western Boulevard
Glastonbury, Connecticut 06033-1258

Mail: PO Box 3000, Glastonbury, CT 06033-6507
Toll-free: 1-800-38-Amica (1-800-382-6422)
Claims Fax: 1-866-381-3266
Sales/Service Fax: 1-860-657-9001

April 27, 2007

National Highway Traffic Safety Adm.
Attn: Administrator
400 Seventh Street, SW
Washington, DC 20590

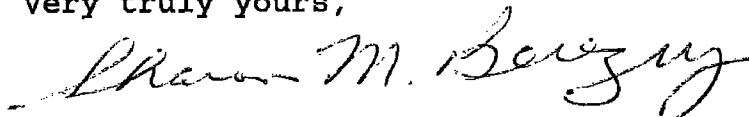
Our File Number: [REDACTED]
Our Insured: [REDACTED]
Your File Number: Unknown
Your Insured: N/A
Date of Loss: January 10, 2006
Amount of Loss: [REDACTED]

Gentlemen:

This follows our initial notice of subrogation relating to the fire loss identified above. Enclosed is copy of letter sent March 23, 2007.

Are you able at this time to give proper consideration to our claim and forward your settlement check?

Very truly yours,



Sharon M. Berezny
Supervising CSR
Amica Mutual Insurance Company
sberezny@amica.com
1-888-887-9307, ext. 35312

*SMB

NAR
5/4/07
add to
CC

March 23, 2007

National Highway Traffic Safety Adm.
Attn: Administrator
400 Seventh Street, SW
Washington, DC 20590

Our File Number: [REDACTED]
Our Insured: [REDACTED]
Your File Number: Unknown
Your Insured: N/A
Date of Loss: January 10, 2006
Amount of Loss: [REDACTED]

Dear Administrator:

We are subrogated to the rights of our insured(s) due to the payment of a collision loss. Enclosed is copy of letter previously sent to Saab Customer Assistance Center with no response.

The amount of damage to our insured's vehicle is shown above. This amount includes both our loss and our insured's deductible. Also enclosed is rental bill. Please reimburse our insured, direct, for her out of pocket expense in the amount of \$66.75.

Enclosed are copies of our supporting papers.

Your prompt action regarding payment would be appreciated.

Very truly yours,

Sharon M. Berezny
Supervising CSR
Amica Mutual Insurance Company
sberezny@amica.com
1-888-887-9307, ext. 35312

*SMB