ADIRONDACK
INSURANCE EXCHANGE

RECEIVED
OCT 16 2007
LEGAL DEPT.

October 8, 2007

Toyota Motor Sales
19001 Southwestern Ave
Torrance, CA 90509

Claim Number: [redacted]
Date of Loss: 08/28/2007
Insured: [redacted] & [redacted]

To Whom It May Concern:

We are the insurance carrier for [redacted] & [redacted] We have made a payment totaling $7628.75 as a result of the above accident. Our investigation indicates that this accident was caused by your negligence. Therefore, we are looking to recover our payment from you.

We are enclosing documents in support of our claim. If you are insured for this accident please forward the documents to your insurance carrier. Otherwise please contact me in order that arrangements can be made for payment.

Sincerely,

Julie D. Wasilewski

JULIE D. WASILEWSKI
Recovery Specialist
1-800-462-7267 X 9217

Enclosures

Adirondack Insurance Exchange Claims Department P.O. Box 5135 Buffalo, New York 14240
Phone: (716) 932-9217x5517 Fax: 1-866-843-2557 www.aie-ny.com