1-800 637 0757 Ext.

Liberty Mutual Insurance Company
PO Box 958441

Lake Mary FL 32795
Tel: (407) 333-1090 / (800) 637-0757
Fax: (407) 333-2776

November 12, 2007

[redacted]
RALEIGH NC [redacted]

CLAIM NUMBER: [redacted]
DATE OF LOSS: 11/10/2007

Dear [redacted]

I am the claims representative handling your claim. The initial report of your accident indicates that your vehicle may be a total loss. This means that the cost of the repairs to the vehicle may exceed the actual cash value, also known as the market value. Upon confirmation that your vehicle is considered a total loss, we will determine the pre-accident value through ADP/Autosource, a company that specializes in determining vehicle valuations. The valuation takes into consideration the make, model, year, condition, mileage, and options on your vehicle.

If your vehicle is determined a total loss, we will notify you and send you a total loss settlement package. In it will be important information as well as a return envelope for your convenience. Liberty Mutual can assist you in locating a replacement vehicle.

In order to pay your claim we will need the following documentation:

_____ **Odometer Statement.** Please complete the highlighted areas.

_____ **Title.** All owners must sign on the line reading "Signature of Seller(s)" only.

_____ **Title.** Please **do not** sign the Title.

_____ **Lien Release.** If there is a lien on your vehicle and listed on your title, please sign the Lien Release.

_____ **Lien Release.** Please **do not** sign the Lien Release

_____ **Power of Attorney.** Please sign this document where indicated.

__X__ **Power of Attorney.** Please sign this document where indicated and then have it **notarized**

__X__ **Keys.** Please enclose all spare keys to the vehicle

(Over)