PROGRESSIVE

Payment Address
Progressive-Subro
24344 Network Place
Chicago, IL 60673-1243

Document Address
P.O. Box 89440
Cleveland, OH 44101

RECEIVED
NOV 02 2009
LEGAL DEPT.

TOYOTA MOTOR COMPANY
ATTN: CLAIMS DEPARTMENT HQ11
19001 SOUTH WESTERN AVENUE
TORRENCE CA 90509

Type of Loss: PRODUCT LIABILITY/BRAKES FAILED CAUSING ACCIDENT AND RESULTING IN DAMAGES & INJURIES.

VIN\DOT Number: 4T1BE46K29U[redacted]
Year: 2009
Make: TOYOTA
Model: CAMRY/SE/LE4D
Your Claim No: UNKNOWN
Our Insured: [redacted]
Address: [redacted] STORMVILLE NY [redacted]
Our Claim No: [redacted]
Date of Loss: 9/11/09
Damages: $ 17,985.00

NOTICE OF SUBROGATION CLAIM

Please accept this letter as formal notice of our subrogation rights in regard to the above-captioned claim. Demand is hereby made upon you for payment of Progressive Northeastern Ins Co damages and those of our insured.

Our investigation indicates damages to our insured's vehicle was a direct result of a manufacturer's defect or negligence on your behalf. Enclosed please find all supporting documentation.

Please acknowledge receipt of my subrogation demand and forward your payment of $17,985.00 to my attention, payable to "Progressive Northeastern Ins Co, as subrogee of [redacted], and remit to the following address:

Progressive-Subro
24344 Network Place
Chicago, IL 60673--1243

You can contact me at the number listed below should you need additional documentation or to discuss this claim.

Thank you for your anticipated cooperation.

STACEY STANKUS
Subrogation Representative
Progressive Northeastern Ins Co
440-603-7533
Fax (888) 792-5922
STACEY_STANKUS@PROGRESSIVE.COM
Enclosure