

August 21, 2003

Amica Mutual Insurance Company
Ms. Lori Murry
3500 W. 80th St., Suite 525
Minneapolis, MN 55431

Re: Insured: [REDACTED]
Claim No.: A39200201457D
Our File No.: 11506746
VIN: 3B7HF13Z6YG [REDACTED]

Dear Ms. Murry:

This letter is in response to your correspondence of August 5, 2003, regarding the above referenced claim number.

I have had the opportunity to review the information included in your subrogation packet, and while DaimlerChrysler sincerely regrets [REDACTED] loss, without proof of liability we would be unable to accept your subrogation. If you are in possession of any documentation that shows DaimlerChrysler liability, please forward a copy to our attention at your earliest convenience for further review of this file.

Sincerely,

M. R. Porterfield
Special Investigations
(248) 944-7134

MRP/mtr

Amica Mutual Insurance Company
Amica Life Insurance Company
Amica General Agency, Inc.

MINNEAPOLIS REGIONAL OFFICE
3500 West 80th Street, Suite 525
Minneapolis, Minnesota 55431-4411



RECEIVED

AUG 11 2003
Toll Free: 888-844-6422
Fax: (952) 832-0067

SPECIAL INVESTIGATIONS

11506786

August 5, 2003

Diamler Chrysler Customer Assistance
PO Box 21-8004
Auburn Hills, MI 48321-8004

Our File Number: A39200201457D
Our Insured: [REDACTED]
Your File Number: KMM312337V61
Date of Accident: April 12, 2002

\$2,449.73

Whom It May Concern:

We are subrogated to the rights of our insured(s) due to the payment of a collision loss.

The amount of damage to our insured's vehicle is shown above. This amount includes both our loss and our insured's deductible.

Enclosed are copies of our supporting papers.

Your prompt action regarding payment would be appreciated.

If you have any questions, please contact me at 1-877-864-7411 ext. 3301.

Very truly yours,

Lori Murry
Claims Department
Amica Mutual Insurance Company
lmurry@amica.com

*LM

FILE NUMBER A39200201457D
LOSS DATE 04/12/2002

CLOSED

EFFECTIVE POL NO 9212221081
INFORCE POL NO 931222145
CAR NO 001

ASSISTING BRANCH(S)

SUPERVISOR JAMES J. KOPPMANN

FILE HANDLER LEEANN M. DUNN

INSURED [REDACTED]

CLM COV CLAIMANT NAME DEDUCT O/C/R CLAIM HANDLER
01 OTHER 500 CLOSED (C) LEEANN M. DUNN

CLM NO	COV	PROCESS DATE	TRANSACTION	PAY TYPE	ATY ADJ	CK/CR NUMBER	AMOUNT
*01	OTHER	CLOSED					
01	OTHER	04/24/2002	PART PAY			8083859	\$1949.73
01	OTHER	05/01/2002	ALLOC EXP			11887	\$118.40
01	OTHER	06/27/2002	LOSS PAY			0705100	\$500.00
01	OTHER	06/06/2003	ADD PAY			0705100	\$500.00
						TOTAL PAID	\$2449.73

1949.73 +

500. =

2449.73 *



THE CLAIM STATION, INC.
3300 COUNTY ROAD 10, #116
MINNEAPOLIS, MN 55429
PHONE (763) 561-5077
FAX (763) 561-5039

FACSIMILE TRANSMITTAL MEMODATE: 4-22-02NO. OF PAGES (incl. cover) 3TO: LeathanFAX NUMBER: AmicaFROM: Jon RossFAX NUMBER: 763-561-5039

8083859 #1949.73

Date: 4/22/2002 02:52 PM
 Estimate ID: 11567
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

The Claim Station Inc.

3300 County Road 10 Suite 116 (jross@theclaimstation.net) Mpls, MN 55429
 (763) 561-5077
 Fax: (763) 561-5039

Damage Assessed By: Jonathon Ross

Appraised For: Amica Mutual Insurance Company

Type of Loss: Comprehensive (Spec)
 Date of Loss: 4/12/2002
 Deductible: 500.00
 File Number: 11567
 Claim Number: A38200201457D

Arrival Date: 4/18/2002

Insured: [REDACTED]
 Address: [REDACTED] BETHEL, MN [REDACTED]
 Telephone: Home Phone: [REDACTED]

Mitchell Service: 914527

Description: 2000 Dodge Pickup R1500
 Body Style: 2D PkUpXCh 6' Bed 139" WB
 VIN: 3B7HF13YG [REDACTED]
 Color: GREEN
 Options: 4WD OR AWD

Drive Train: 5.2L Inj 8 Cyl 4WD
 License: DSX462 MN

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	436308	BDY	REMOVE/REPLACE	HOOD PANEL	65075923AD	625.00	1.3
2	AUTO	REF	REFINISH	HOOD OUTSIDE			C 3.2
3	AUTO	REF	REFINISH	HOOD UNDERSIDE			C 1.6
4	436309	BDY	REMOVE/REPLACE	R HOOD HINGE	65076270AC	83.70 *	0.2 #
5	AUTO	REF	REFINISH	R HINGE			0.3
6	436310	BDY	REMOVE/REPLACE	L HOOD HINGE	65076271AC	83.70 *	0.2 #
7	AUTO	REF	REFINISH	L HINGE			0.3
8	400111	BDY	REMOVE/REPLACE	HOOD PRIMARY LATCH	5527537B	31.35	0.3
9	402370	BDY	REMOVE/REPLACE	HOOD SECONDARY CATCH	55076367	2.90 *	INC
10	407300	BDY	REPAIR	R FENDER PANEL	Existing		2.5" #
11	REF	REFINISH/REPAIR	REFINISH/REPAIR	R FENDER PANEL			0.5"
12	407310	BDY	REPAIR	L FENDER PANEL	Existing		2.5" #
13	REF	REFINISH/REPAIR	REFINISH/REPAIR	L FENDER PANEL			0.5"
14	437463	GLS	REMOVE/REPLACE	W/SHIELD GLASS	N.A.	575.00 *	1.8 #
15	900500	BDY *	REMOVE/REPLACE	GLASS KIT	New	15.00 *	0.0"
16	900500	REF *	REFINISH/REPAIR	TINT & BLEND	Existing		1.5"
17	AUTO	REF	ADD'L OPR	CLEAR COAT			1.9
18	AUTO		ADD'L COST	PAINT/MATERIALS		215.60 *	

* - Judgement Item

- Labor Note Applies

C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 4/22/2002 14:38:20 11567

Mitchell Data Version:
 UltraMate Version:

APR_02_A
 4.7.007

UltraMate is a Trademark of Mitchell International
 Copyright (C) 1994 - 2001 Mitchell International
 All Rights Reserved

Page 1 of 2

Date: 4/22/2002 02:52 PM
 Estimate ID: 11567
 Estimate Version: 0
 Preliminary
 Profile ID: Mitchell

I. Labor Subtotals						II. Part Replacement Summary			Amount
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				
Body	7.0	39.00	0.00	0.00	273.00	Taxable Parts			1,416.85
Refinish	9.8	39.00	0.00	0.00	382.20	Sales Tax	@ 6.500%		92.08
Glass	1.8	39.00	0.00	0.00	70.20				
Non-Taxable Labor					725.40	Total Replacement Parts Amount			1,508.73
Labor Summary	18.6				725.40				
III. Additional Costs						IV. Adjustments			
					Amount				Amount
Non-Taxable Costs					215.60	Insurance Deductible			500.00-
Total Additional Costs					215.60	Customer Responsibility			500.00-
						I. Total Labor:			725.40
						II. Total Replacement Parts:			1,508.73
						III. Total Additional Costs:			215.60
							Gross Total:		2,449.73
						IV. Total Adjustments:			500.00-
						Net Total:			1,949.73

This is a preliminary estimate.

Additional changes to the estimate may be required for the actual repair.

Insurance Co: Amica Mutual Insurance Company
 Address: 3600 W. 80th Street Suite #250
 Minneapolis, MN 55431
 Telephone: (952) 893-0214
 Fax Phone: (952) 893-0067

Body Shop: QUALITY CAR CARE
 Address: 31891 MAIN ST
 CAMBRIDGE, MN
 Telephone: (763) 889-0863
 Fax Phone: (763) 889-0865
 State Lic. No: 41185434

All supplements must be approved by appraiser ***no exceptions.

ESTIMATE RECALL NUMBER: 4/22/2002 14:38:20 11567

Mitchell Data Version:
 UltraMate Version:

APR_02_A
 4.7.007

UltraMate is a Trademark of Mitchell International
 Copyright (C) 1994 - 2001 Mitchell International
 All Rights Reserved

MURRY, LORI A.

From: customerassist [customerassist@daimlerchrysler.com]
Sent: Friday, August 01, 2003 1:35 PM
To: MURRY, LORI A.
Subject: Re: DaimlerChrysler Customer Assistance (KMM312337V61835L0KM)

Dear Eugene:

Thank you for your email to DaimlerChrysler regarding an insurance claim.

To pursue subrogation, please send your documentation to:

DaimlerChrysler Customer Assistance Center
P.O.Box 21-8004
Auburn Hills, MI 48321-8004

After we read your letter, we will try to contact you by phone to provide you with a prompt response.

Thank you again for your email.

NOTE: Please do not use the 'Reply' function of your email system. If you have a need to respond to this message, please visit us at our reply form (link provided below). Our system is NOT able to accept any emails at this address.

For any future communications related to this email, please refer to the following information:

REFERENCE NUMBER: 11506746

REPLY LINK: [http://www.chrysler.com/wccsapp/wccs/brand_forms/us/reply.jsp?](http://www.chrysler.com/wccsapp/wccs/brand_forms/us/reply.jsp?trk_ID=KMM312337C0KM&)
[trk_ID=KMM312337C0KM&](http://www.chrysler.com/wccsapp/wccs/brand_forms/us/reply.jsp?trk_ID=KMM312337C0KM&)

Sincerely,

Lynn Beck
Senior Staff Representative
DaimlerChrysler Customer Assistance Center

Original Message Follows:

Form Selected:

Category: US Customer Service

Brief Description:

Insurance Claim

Comments:

Hello,

My name is Lori Murry and I am with Amica Insurance Company. [REDACTED] is our insured. He was driving down a HWY on 4/12/2002 and his hood flew up and hit his windshield. [REDACTED] has had to pay his deductible for this and would like us to pursue Dodge for a faulty latch on the hood.

Please let me know who I will need to contact in regard to this. Thank you.

If you need to call me my number is listed above in the work # field.

Sender Information:

Title: Mr.

First Name: [REDACTED]

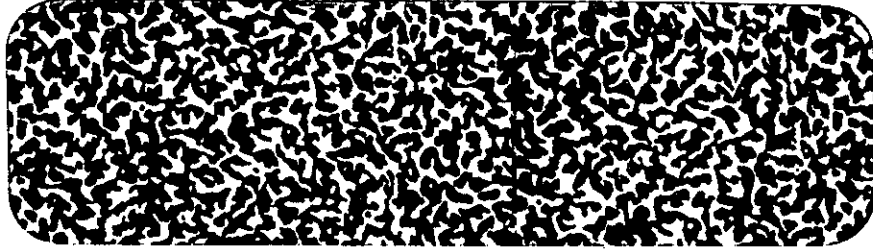
Middle Initial: [REDACTED]

Last Name: [REDACTED]

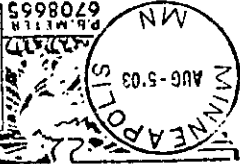
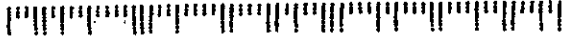
Auto Home Life

Amica

MINNEAPOLIS REGIONAL OFFICE
 3500 West 80th Street, Suite 525
 Minneapolis, MN 55431-4411



46321X4004



U.S. POSTAGE
 \$0.60

CAIR # _____

DOCUMENT RETENTION

SEE DOCUMENT RETENTION

Items placed in document retention because:

☒ photos are unscannable

_____ originals are too light

_____ originals are too dark

_____ brochure, booklet, newspaper, etc. unscannable

_____ computer disk

_____ paint chips

_____ cassette tape

_____ re-scan

Other LEGAL PHOTOS

NOT IN DOCUMENT RETENTION

Item NOT placed in document retention:

_____ poor legibility on original document

_____ original survey forwarded on (date) _____

_____ original check given to _____ for handling

_____ no envelope attached

From: customerassist@daimlerchrysler.com
To: lmurry@amica.com
Date: Fri Aug 01 14:17:15 EDT 2003
Subject: Re: DaimlerChrysler Customer Assistance
Dear Eugene:

Thank you for your email to DaimlerChrysler regarding an insurance claim.

To pursue subrogation, please send your documentation to:

DaimlerChrysler Customer Assistance Center
P.O.Box 21-8004
Auburn Hills, MI 48321-8004

After we read your letter, we will try to contact you by phone to provide you with a prompt response.

Thank you again for your email.

NOTE: Please do not use the 'Reply' function of your email system. If you have a need to respond to this message, please visit us at our reply form (link provided below). Our system is NOT able to accept any emails at this address.

For any future communications related to this email, please refer to the following information:

REFERENCE NUMBER: 11506746

REPLY LINK:

http://www.chrysler.com/wccsapp/wccs/brand_forms/us/reply.jsp?trk_ID=KMM312337C0KM&

Sincerely,

Lynn Beck
Senior Staff Representative
DaimlerChrysler Customer Assistance Center

Original Message Follows:

Form Selected:

Category: US Customer Service

Brief Description:

Insurance Claim


Comments:

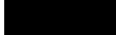
Hello,


My name is Lori Murry and I am with Amica Insurance Company. [REDACTED]
[REDACTED] is our insured. He was driving down a HWY on 4/12/2002 and his hood
flew up and hit his windshield. [REDACTED] has had to pay his deductible
for this and would like us to pursue Dodge for a faulty latch on the hood.
Please let me know who I will need to contact in regard to this. Thank you.
If you need to call me my number is listed above in the work # field.

Sender Information:

Title: Mr.

First Name: 

Middle Initial: 

Last Name: 

From: lmurry@amica.com
To: customerassist@daimlerchrysler.com
Date: Tue Jul 29 17:13:01 EDT 2003
Subject: DaimlerChrysler Customer Assistance
Form Selected:

Category: US Customer Service
Brief Description:

Insurance Claim
Comments:

Hello,

My name is Lori Murry and I am with Amica Insurance Company. Mr. [REDACTED] is our insured. He was driving down a HWY on 4/12/2002 and his hood flew up and hit his windshield. [REDACTED] has had to pay his deductible for this and would like us to pursue Dodge for a faulty latch on the hood. Please let me know who I will need to contact in regard to this. Thank you. If you need to call me my number is listed above in the work # field.

Sender Information:

Title: Mr.
First Name: [REDACTED]
Middle Initial: [REDACTED]
Last Name: [REDACTED]