



AMERICAN TRANSIT INSURANCE COMPANY

Processing Center

5 Broadway

Freeport, NY 11520

Telephone: (212) 857 – 8200 (800) 683 – ATIC

Form 5

Date:

RE: Claimant:
Insured:
Our Incident No.:
Date of Accident:
Place of Accident:

Dear Claimant:

We have just been advised you have been involved in an accident with our insured. Please note and make reference to the above claim number in any communication with this office and read the attached Regulation 64 which governs all New York State accidents, specifically the 8th paragraph regarding comparative negligence, and other attachments.

As part of the claims settlement process it is absolutely necessary to complete and return the attached FORM 5 as soon as possible. If you have a police report, please include it with the FORM 5.

If you have not as yet been contacted by our appraiser to inspect the damages to your vehicle, please contact this office at extension 469 or 775 to arrange for an inspection. Any and all future questions regarding inspections or inspection results only should be directed to extensions 469 or 775, otherwise direct all inquiries to extension 309, except where otherwise stated.

Once the FORM 5 (completed and returned by you), DAMAGE APPRAISAL REPORT (completed and submitted by the inspection station/adjuster) and our insured's report (MV104) are received, the file is reviewed. You will then be contacted by our examiner within 10 business days. The examiner will advise you if other items are needed, or make a settlement offer. Any disagreement with the settlement offer should be directed to the examiner who signed the settlement offer at the noted extension. All other inquiries should be directed to our Property Damage department at extension 309, except where noted above.

If our investigation shows our insured to be liable, your settlement will be based upon the Comparative Negligence Laws of the State of New York which state that valid claims for property damage, loss of use and other expenses will only be reimbursed at the percentage that our insured is found to be at fault. In no event will their recovery against ATIC exceed the maximum amount of our insured's policy (please read the attachment on Regulation 64 for further explanation).

Yours Truly,
American Transit Insurance Company

** Any person who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.*



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RE: Claimant:
Insured:
Our Claim No.:
Date of Accident:
Place of Accident:

We have just been advised of this unfortunate incident and ask your cooperation in order that we may promptly investigate and adjust it.

If you will complete this page and return it in the enclosed self-addressed envelope, we shall contact you promptly upon receipt thereof.

1. Year _____ Make\Model _____ Plate # _____ State _____

2. VIN No. _____ Mileage _____ Veh. Color _____

3. Name, Address, Date of Birth, Social Security No. of Registered Owner _____

_____ Phone # _____

4. Damage to your vehicle _____

5. Enclose written estimate of your repairs and photographs _____

6. Name of your Insurance Company and Policy No. _____

7. Describe your version of the accident _____

8. Name, Date of Birth, Social Security No. of All Occupants _____

9. If anyone in vehicle was injured, please write name, address, date of birth, social security no. and nature of injury below. If none were injured, write NONE. _____

Signed: _____

*** Important - Please Attach Your Estimate**

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IMPORTANT NOTICE

PLEASE READ CAREFULLY

(FAILURE TO COMPLY MAY RESULT IN YOUR CLAIM BEING DELAYED)

In order to expedite the verification and processing of your property damage claim, AMERICAN TRANSIT INSURANCE COMPANY (ATIC) requires the following documents to be submitted in order to properly adjust the matter:

1. Vehicle Inspection PRIOR to repair; Physical Damage at (212) 857-8200 ext. 309 to schedule an appointment for the inspection of the damaged vehicle.
2. Photographs of the damage; 4 color photographs from different angles illustrating the damage to the vehicle and identifying decals, i.e., license plate and VIN number.
3. If the vehicle was already repaired; Provide proof of payment for the repairs, i.e., including a copy of the cashed check issued.
4. MV-104 or Form Five fully completed;
5. Police Report.

IF ANY OF THE DOCUMENTS ARE NOT PROVIDED, THE CLAIM MAY BE DELAYED FOR FURTHER VERIFICATION AND INVESTIGATION.



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PLEASE READ CAREFULLY

While our Company policy on loss of use and damage complies with New York State Law, there are certain things you should be made aware of:

Obtaining a rental is your responsibility. We do not accept direct billing.

If you rent a vehicle, we will reimburse you \$28.00 per day, limited to the repair time indicated on our estimate.

We do not reimburse for gas, mileage, additional insurance or additional driver(s).

If you must store your vehicle we will reimburse you \$15.00 per day, not to exceed 30 days.

We will only reimburse you for the amount of repair time indicated on our estimate. It is your responsibility to monitor the repairs of your vehicle to minimize rental and storage costs. If your vehicle is a total loss, not repairable, contact us immediately, as rental nor storage will not be honored after you are informed your vehicle is a total loss.

If your vehicle has a repair time of 3 days, please take it to the repair facility no later than early Wednesday morning.

If your vehicle has a repair time of 5 days, please take it to the repair facility no later than early Monday morning.

Please note, the above is contingent on the percentage of negligence that is determined by the adjuster handling the claim.

If you have any questions about the above please contact our Property Damage Department at extension 309.



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REGULATION 64 DISCLOSURE PURSUANT TO NEW YORK INSURANCE DEPARTMENT REGULATION 216.10

We are required to evaluate your claim under the New York state civil liability standard of Comparative Negligence.

New York Civil Practice Law and Rules section 1411 states:

"In any action to recover damages for personal injury, injury to property, or wrongful death, the culpable conduct attributable to the claimant of the decedent, including contributory negligence or assumption of the risk, shall not bar recovery, but the amount of damages otherwise recoverable shall be diminished in the proportion which the culpable conduct attributable to the claimant or decedent bears to the culpable conduct which caused the damages." (CPLR1411)

This means that if you were at fault - in any percentage (1-100%) - for causing the accident, then our offer to settle your claim for damages may be reduced by that percentage. Your percentage of fault will be determined by our review of your claim, based on our investigation of all the facts pertinent to the accident at issue, including the possibilities that you were entirely at fault - or had no fault - for the happening of the accident. If it is determined - based on our investigation - that our insured had no fault, then no offer will be made in settlement of your claim. If additional vehicles were involved in the accident (3 or more vehicles), each vehicle operator will similarly be assigned some percentage of fault for the accident (0 - 100%), and our offer will reflect only that percentage of fault attributable to our insured policy holder. The law requires that we further inform you that any claims for loss of use of the damaged property, or any other out-of-pocket expenses reasonably attributable to the accident, are also subject to the civil liability standard of Comparative Negligence. After completion of our investigation, we will advise you as to our determinations of fault, and our position in regard to your claim.

As an example, if our investigation and review led us to determine that you were 50% responsible for the accident, then the offer to settle the claimed damages - based on a total amount determined by our inspection - would be reduced by 50%. If our inspection showed there was \$1,000 of property damage, we would then offer \$500 to settle your claim. If there were 4 vehicles involved in the accident, and each vehicle had 25% fault, we would then offer \$250 (this is only a hypothetical example for explanatory purposes, and is not representative of, or applicable to, your claim).

As is customary in the insurance industry, there is a monetary limit on the amount of property damages covered, for each accident. In no event can you recover more from this company than the stated monetary limit of applicable coverage, regardless of the extent of the damages. We will inform you if your claim of property damages exceeds the policy limit of property damage coverage.

If the accident at issue has resulted in claims for property damage by other persons, it is possible that the amount of damages covered within the limit of our policy will not be sufficient to resolve all claims. In that event, the company is obligated to apportion the policy limit amount settlement of the multiple claims (to divide the policy), to ensure that all claims entitled to some recovery, are offered some portion of the policy limit - in settlement.

We further note that our liability insurance coverage is predicated upon requirement of our insured's compliance with the contractual terms and conditions - as set forth in the policy of insurance - and that available coverage is conditional upon such compliance. If the insured should fail to comply with the terms and conditions of the policy, we may - at our option - seek to disclaim liability insurance coverage for the accident and resulting claims.



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PLEASE READ CAREFULLY

IF IT APPEARS THAT DAMAGES TO YOUR VEHICLE CONSITITUE A TOTAL LOSS, IT IS SUGGESTED THAT THE FOLLOWING STEPS BE TAKEN:

- 1. TAKE FOUR PHOTOGRAPHS OF YOUR VEHICLE AT A REASONABLE DISTANCE SHOWING FRONT, REAR, LEFT SIDE AND RIGHT SIDE SO THAT WE CAN EVALUATE YOUR VEHICLE.**
- 2. DO NOT AUTHORIZE ANYONE TO STORE THIS VEHICLE WITH THE INTENTION THAT WE ARE PAYING STORAGE FEES.**
- 3. IF WE DO AGREE TO PAY ANY STORAGE FEES, IT WILL BE PAID AT THE TIME OF SETTLEMENT.**

THE ABOVE STEPS WILL PROTECT YOUR INTERESTS AND AVOID ANY UNNECESSARY STORAGE FEES.



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PLEASE READ CAREFULLY

AFTER YOUR VEHICLE HAS BEEN INSPECTED AND ALL OF THE NECESSARY FORMS HAVE BEEN SUBMITTED, WE WILL CONTACT YOU BY MAIL WITHIN 10 DAYS.

POR FAVOR LEER CON CUIDADO

DESPUES QUE SU VEHICULO HAYA SIDO INSPECCIONADO Y TODO LOS FORMULARIOS NECESARIOS HAVAN SIDO SOMETIDOS, LE CONTESTAREMOS POR CORREO DENTRO DE 10 DIAS.