

September 28, 2021

RECEIVED

OCT 1 2021

City Of West Allis City Clerk's Office  
7525 W Greenfield Ave Rm 108  
West Allis WI 53214-4688

Subrogation Services  
PO Box 106172  
Atlanta GA 30348-6172

**CITY OF WEST ALLIS**  
CITY CLERK

RE: Claim Number: 49-20W7-24X  
Our Insured: Robert Timmerman  
Date of Loss: June 11, 2021  
Your Insured: City Of West Allis  
Your Insured Driver: Sharif Said  
Your Claim Number: Unknown  
Your Policy Number: Unknown  
Loss Location: 108th St West Allis, WI

To Whom It May Concern:

We have been informed you are the liability carrier for the party involved in this loss with our insured. Our investigation indicates your insured is responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm® paid by Cause of Loss:

Total Amount Paid by State Farm:	\$3,923.21
Insured Deductible Amount:	\$1,000.00
Total Amount Due to State Farm:	\$4,923.21

If you have paid the deductible to our insured, please reduce the Total Amount Due to State Farm by the deductible amount.

Property Damage

042 - Uninsured Motorist PD	\$0.00
300 series/400 - Comp/Collision	\$3,923.21
501 - Rental/Loss of Use	\$0.00
Other Property Damage	\$0.00
Salvage Recovery	\$0.00
Insured Deductible Amount	\$1,000.00

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$4,923.21.

Our insured also has medical expenses related to this loss. The medical claim is pending and documentation will be forwarded upon conclusion if appropriate. Please be advised we will also be asserting subrogation rights under this coverage where the law allows.

Please remit payment of this claim, or contact us at (877) 787-8276 Ext. 6156926922 to discuss settlement. Please include our claim number on the payment. If you reimburse our insured's deductible directly, please advise us at time of payment. Thank you for your cooperation.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

If you have questions or need assistance, call us at (877) 787-8276 Ext. 6156926922.

Sincerely,

Pat Nguyen  
Claim Associate  
(877) 787-8276 Ext. 6156926922  
Fax: (866) 231-9276  
[statefarmclaims@statefarm.com](mailto:statefarmclaims@statefarm.com)

*For your protection, when emailing State Farm, please do not include sensitive personal information such as Social Security Number, credit/debit card number (financial account number), driver's license number, or health/medical information in an email. Please contact us at (877) 787-8276 Ext. 6156926922 to discuss sensitive information.*

State Farm Mutual Automobile Insurance Company

Enclosure(s): \*\*ENCLOSURE(S)\*\*

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Other insurance carriers with access to [st8.fm/oic-self-service](https://st8.fm/oic-self-service) can check for claims and review claim status online, including some payment details such as issue date, status, and amount. They can also view principal damage information and upload documents for an open claim. All insurance carriers can file an auto claim online on [statefarm.com/claims](https://statefarm.com/claims).



CLAIMANT CONTACT INFORMATION

Name: State Farm a/s/o Robert Timmerman  
Address: PO Box 106172  
Atlanta, GA 30348

Phone: (877) 787-8276  
Email: statefarmclaims@statefarm.com

INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: 06/11/2021 Time of day: 3:00 PM  
Location: 108th St West Allis, WI

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

Your driver, Sharif Said, failed to yield right of way to incoming traffic while turning left and hit our insured.

Check one:

- ..... I am seeking damages at this time (complete Claim Amount section below)
- ..... I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Pat Nguyen

Date: 09/27/2021

CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

The total amount sought is: \$ 4,923.21 text here

SAVE

PRINT