

CHUBB

Eastern Claim Service Center
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Chesapeake, VA 23327-4700
O (800) 252-4670
F (800) 664-0987
E ecsc.auto.claims@chubb.com

Mailing Address
P.O. Box 4700
Chesapeake, VA 23327-4700

Insert Date

Research Foundation of The City University of New York
Attention: Andrew Lysinger
230 West 41st Street
New York, NY 10036-7207

Re: Insured Name: Research Foundation of The City University of New York
Policy Number:
Claim Number:
Date of Loss:
Writing Company: Great Northern Insurance Company

Dear Mr. Lysinger:

New York State Insurance Law and Regulations require that you and your automobile repairer complete a Certification of Automobile Repairs.

Enclosed is a Certification of Automobile Repairs Form and return envelope. You are required to complete Part I. If your vehicle has been repaired, your automobile repairer must complete Part II.

If it is impossible for you to have Part II completed, tell us why, complete Part I and send us a copy of a paid repair bill, if you have one.

IMPORTANT: In the event of a future loss, we must deduct previous damage, that is, items we have paid for in this loss for which repairs have not been proven. Therefore, we request you complete the enclosed form and return it to us with in the next 30 days.

If you have any questions or concerns, please contact me at (800) 252-4670 ext. 4345 between the hours of 8:00 a.m. and 5:00 p.m. If I am not available when you call, please leave a message and I will return your call as soon as possible. If this is not convenient for you, please press zero # and another member of our claim staff will assist you.

Sincerely,

Nikita K. Turner

Nikita K. Turner
Auto Claim Examiner

Enclosure(s)

PART II TO BE COMPLETED BY THE AUTOMOBILE REPAIRER:

I, _____ owner or officer of _____
(Print Your Name) (Print Name of Auto Repair Shop)
Auto Repair Shop Registration Number _____, located at
_____ certify, under penalties of perjury, that I have made the repairs to the
automobile owned by _____ as shown on the attached
(Print Insured Name)

Itemized invoice. I further certify that:

CHECK A OR B ___ A. I have repaired all the items allowed by the insurer, or, if not,
___ B. I have repaired the automobile as described on the attached itemized invoice.

DATE:

SIGNATURE OF REPAIR (Owner or Officer):