

LETTER TO 3RD PARTY BODILY INJURY INSURER

(Warning: This form is not a substitute for speaking with an attorney or law firm. Always speak with a lawyer.)

DATE

Via email to flclaims@geico.com and fax (202) 354-5295

Bodily Injury Liability Claims
GEICO - Florida Claims
P.O. Box 9091
Macon, GA 31208

Re: Our client:
Your Insured:
Date of Incident:
Claim No.:

Dear XXXXXXXXX (GEICO BI Claims):

This letter confirms we represent the above client for damages sustained on or about the above date of incident. You are further advised that all discussions and negotiations involving our client's claim are to be made directly with this office and you are not to discuss the matter directly with our client.

My client was rear ended by your insured. Here are photos of the damage to the vehicle that my client was driving:

(INSERT PHOTOS OF CAR DAMAGE)

As a result of the impact, my client suffered (insert injuries e.g. neck pain, upper back pain, chest aches) Paramedics transported her from the crash scene to the XXXXXXXX Hospital, where she was given muscle relaxers and pain medication.

She is currently following up with medical treatment for her injuries.

Pursuant to Florida Statutes §627.4137, please provide a statement, under oath, of a corporate officer, setting forth the following information with regard to each known policy of insurance, including excess or umbrella insurance in your insured's name or members of their household:

- (a) The name of the insurer.
- (b) The name of each insured.
- (c) The limits of liability coverage.
- (d) A statement of any policy coverage defense which such insurer reasonably believes is available to such insurer at the time of filing such statement.
- (e) A copy of the policy.

Please furnish us with copies of any statements that you have obtained from our client concerning this accident (video, recording and/or transcript). Additionally, kindly consider this letter as written request on behalf of the

<https://www.justinziegler.net/>

Insert Claimant's (or Claimant's Attorney's) Contact Information

claimant to disclose the name and coverage of each other known insurer affording coverage to your insured, and that you forward our client's request herein for information under F.S. §627.4137 to such other affected insurers.

Please immediately send us the following information if you have it, or in the alternative as soon as you get it:

- (1): All full size **ORIGINAL DIGITAL** color pictures (or black & white if color is not available) of the damage to any vehicles (or if applicable, bicycles, scooters, motorcycles, property, etc.) involved in this loss. Please also send us any pictures of the crash scene. If you do not have pictures in your possession, please send them as soon as possible following your receipt of same. If you did not take any pictures, please advise us that you did not take any pictures.
- (2): A copy of any and all recorded statements given by our client or any other individual regarding this claim.
- (3): A copy of any witness statements that you have.
- (4): A copy of any property damage estimates to the vehicles or any other property involved in this loss.
- (5) A copy of the crash report.

We are hereby requesting an inspection of the vehicle that your insured was driving at the time of this loss prior to selling it or disposing of it. Please advise your insured to not make any repairs, alterations or modifications whatsoever to the subject insured vehicle until my office has had the opportunity to fully inspect said vehicle. Failure to comply with this request will be considered "spoliation of evidence."

My preferred method of communication is via email to XXXXXXXX or fax (XXX-XXX-XXX) rather than mail.

Thank you for your cooperation and assistance in this matter.

Sincerely,

/s/ XXXXXXXXXXXXX

(Insert name)