



PO BOX 801770
KANSAS CITY MO 64180
UNITED STATES

02/03/2020

>02681 92083095 P001D CG01 51063
PALL SPERA
PO BOX 539
STOWE VT 05672
UNITED STATES

Claim Number : 15346107
Date of Loss : 11/19/2019

AMOUNT DUE: \$1535.33

Dear Sir/Madam:

Our records show that we have been unable to resolve the claim cited above with you or your insurance carrier and we have not received payment for the full amount of our loss. We are sincere in our desire to bring this matter to an amicable conclusion, but we must have your cooperation to do so.

Please remit payment in full to the address above and include our claim number on your payment. If you prefer, you may also pay the amount due using a debit card, credit card or directly from your bank account by typing the following link in to your web browser. <http://www.claimtopay.com>

If we do not receive payment for the total amount due within ten (10) days of the above date, we will have no alternative but to turn this matter over to a collection agency or independent attorney. Collection will be for the amount due plus any expenses incurred in the recovery process, where permitted by law.

In light of this matter, until further notice you will not be eligible to rent from Alamo, Enterprise or National Car Rental. Any reservation you make will not be honored at the rental location.

If you have any questions regarding your responsibility for this loss, please contact our office. This will be our final notice.

Sincerely,
LUCRETIA BROTHERS
Phone: 918-401-6168
Email: E470ZR@erac.com



INVOICE

Date: 02/03/2020

PALL SPERA
PO BOX 539

Claim #: 15346107

Unit #: 7SSJ6L

Billing Invoice #: 3004236428

STOWE VT 05672
UNITED STATES

Vehicle Information

VIN: 2G61M5S31K9154869

Year: 2019

Make: CADI

Model: XTS

Item	Total Cost	Amount Due
Damage	\$4,335.97	\$4,335.97
Admin Fees	\$150.00	\$150.00
Loss of Use: (20.10 / 4.00) hours @ \$89.99 per day @ 100.00% occupancy	\$451.74	\$451.74
Diminishment of Value	\$433.59	\$433.59

Total Amount Due: \$ 5,371.30*

*Remit payment in U.S. Dollars.

PAY UPON RECEIPT

ALL PAYMENTS MUST INCLUDE THIS REMITTANCE TO BE CREDITED PROPERLY!

PAYABLE TO:
DAMAGE RECOVERY
PO BOX 801770
KANSAS CITY MO 64180
UNITED STATES
Toll Free #: 8663003239

Claim #: 15346107

Unit #: 7SSJ6L

Billing Invoice #: 3004236428

Total Amount Due: \$ 5,371.30*

*Remit payment in U.S. Dollars.

Total Amount Remitted: \$ _____

Our claim number: 15346107

<u>Your Claim Information</u>

Your insurance / credit card company: _____

Your claim number: _____

Name of claims adjuster: _____

Adjuster / company email address: _____

Adjuster / company phone number: _____

Adjuster / company fax number: _____

Adjuster / company mailing address: _____

Address

City, State, Country, Zip

Please reply to:

Damage Recovery Unit

Email: DRU1@ehi.com

Fax: 9189486635

Phone: 8663003239

Mail: PO BOX 801770 KANSAS CITY MO USA 64180

