

PO BOX 801770 KANSAS CITY MO 64180 UNITED STATES

11/21/2019

>03088 92035921 P001D CG01 51063

PALL SPERA PO BOX 539 STOWE VT 05672 UNITED STATES

(C)561-762-8188

Claim Number Date of Loss Vehicle (YMM) Rental Agreement#

: 15346107 : 11/19/2019 : 2019-XTS-CADI : 945515563

Dear Sir/Madam:

Thank you for your recent rental. Our Damage Recovery Unit has received notification of damage or loss to the vehicle you rented.

If you have not already done so, please contact your insurance company and/or credit card company to report this claim. Failure to report in a timely manner may void any coverage you may have. Once reported, please contact us to provide your claim information.

If you do not have insurance or wish to pay this claim yourself, we will send you a bill along with supporting documents. If you have any questions regarding your responsibility, please contact our office.

Thank you in advance for your cooperation.

Sincerely,

DAMAGE RECOVERY UNIT

Phone:

8663003239

Email:

DRU1@ehi.com

202.262-1441 - Progressive Ins.

Kgreen@HBinsuran





Our claim number:	15346107

Your Claim Information	
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



