

LAW OFFICES OF
JOSEPH J. PERRINI, III
2876 MERRICK ROAD
BELLMORE, NEW YORK 11710
TELEPHONE: 516-221-7900 FAX: 516-221-1746

D/O/A:

Dear Sir/Madam:

This is to advise you that work has been started on your case and we are taking all steps necessary to protect your interests.

IT IS URGENT THAT YOU REMEMBER TO SPEAK TO NO ONE ABOUT THIS MATTER, OTHER THAN YOUR OWN DOCTOR OR THIS OFFICE, since oral statements are admissible evidence and can be as damaging as written statements. Refer all inquiries directly to this office.

Keep a precise record of every expense that you incur as a result of the accident and obtain receipts for all expenditures, (i.e., taxis, prescriptions, doctors, etc.) so that you may forward them to this office. If in doubt about any particular expense, keep a record of it.

Please notify this office if you hear of any inquiries being made to your neighbors, friends or family regarding your condition or if your address, telephone number or employment status changes.

As per our recent conversation, enclosed is a Retainer Statement, numerous authorizations, an MV104 form and Notice of Intention to Make Claim form. Please sign where indicated. Furthermore, please forward the following:

1. A copy of the Police Report;
2. A copy of any correspondence sent to you on behalf of the adverse vehicle;
3. A copy of any correspondence sent to you by your insurance carrier;
4. A copy of any accident reports you may have filed;
5. An executed/signed no-fault application for benefits;
6. A copy of the Declaration Page(s) of your insurance policy;
7. The address and telephone number of the office handling your no-fault claim;
8. The no-fault claim number assigned to your file;
9. The license plate number of your vehicle;
10. Photographs of your vehicle taken subsequent to the accident;

If you have any questions or concerns, please feel free to call me.

Very truly yours,

Joseph J. Perrini, III

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enclosures