

GOLDFEIN

CLAIMS MANAGEMENT

2/3/2015

Claimant:

Your Policy Number:

Your Claim Number:

Date of Loss:

Our Vehicle:

Our Case Number:

TIN#: 38-0572512

Dear Sir/Madam:

We Represent Ally Financial, Inc. in connection with the above referenced matter.

On the above referenced date of loss, our vehicle suffered damage from the negligent actions of your insured. Attached is a copy of the police report reflecting same. As a result, our vehicle suffered a loss of value in the amount of \$4,550.00. An independent appraisal made after repairs were performed, reflecting this loss is attached. In addition, we have provided you with the relevant State law reflecting our entitlement to such damage.

Accordingly, we hereby demand reimbursement for the loss of value, also known as diminished value, of our vehicle. Please direct all payments to:

Ally Financial, Inc.

P.O. Box 23020
Jacksonville, FL 32241

Should you have any questions, please contact the Claims Manager at 678-928-9710.

Regards,

Leslie Burch Baggarly, Esq.
Attorney at Law