## Pam M. Boyd

9390 Bunsen Parkway Louisville, KY 40220

Telephone: (800) 868-6331 Fax: (502) 214-1016



March 27, 2013

WINNEBAGO COUNTY COURT CLERK 415 JACKSON ST OSHKOSH WI 54901

RE:

Defendants Name:

ADAM GRISWOLD

Court Case #:

2012CF000526

Police Report #:

unknown

Our Insured:

Basler Auto Ltd

Insurance Company:

**AUTO-OWNERS INSURANCE COMPANY** 

Date of Loss:

5/29/2012

Amount Due:

\$3899.23

File Number:

TPCS - 2061606 - 3065447

File Open Date:

2/5/2013

Dear,

This firm represents AUTO-OWNERS INSURANCE COMPANY and its recovery services agent, TransPaC Solutions in the recovery of its subrogation interest arising out of damage/loss incurred by its insured as a result of the above dated incident.

Please allow this letter to be considered a formal request for restitution if the alleged tortfeasor is found guilty of the charges.

Enclosed please find the supporting documentation and proofs of payment made to or on behalf of our client's insured due to the incident referenced above.

If restitution is ordered, please have check(s) made payable to TransPaC Solutions and mailed to TransPaC Solutions, P.O. Box 36220, Louisville, KY 40233-6200. Please include our Event Number 2061606-3065447 in the memo section of any and all payments.

Sincerely,

Pam M. Boyd

P&C RECOVERY REP

Pam Beyd

(800) 868-6331

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose.

From:

TransPaC Solutions P.O. Box 36220

Louisville, Kentucky 40233-6220

Taxpayer ID: 61-1141758

**Contact Information:** 

Examiner: Pam M. Boyd Phone: (800) 868-6331

Fax:

(502) 214-1016

Email: pboyd@troversolutions.com

Event #: TPCS-2061606-3065447

## REQUEST FOR PAYMENT CASE STATEMENT FOR COMPREHENSIVE

Date of Loss: 5/29/2012

## ATTENTION:

AMOUNT IS SUBJECT TO CHANGE, PLEASE CONTACT TRANSPAC SOLUTIONS PRIOR TO SETTLEMENT.

Statement sent to:

WINNEBAGO COUNTY COURT CLERK

Your Claim Finsured

Your Claim #: 023-0001557-2012-007COMP

Policy #

: Basler Auto Ltd : 95-663972-05

Claimant

: BASLER AUTO LTD

Instructions:

• Please include TPCS-2061606-3065447 on all payments and correspondence to expedite

processing.

Payment Date

Service Dates

Start Date | End Date

Payee

Check Number | Pay

**Payment** 

Type: INDEMNITY PAYMENTS

06/22/2012

**BASLER AUTO LTD** 

351828028

\$4147.73

**Total Claims Paid for INDEMNITY PAYMENTS** 

\$4147.73

Type: SALVAGE RECOVERY

07/30/2012

SALVAGE

\$-748.50

**Total Claims Paid for SALVAGE RECOVERY** 

\$-748.50

**Total Claims Paid** 

\$3,399.23

Recovered to Date

(\$0.00)

Deductible

\$500.00

**Outstanding Amount** 

\$3,899.23

FootNote:

If an insured's deductible or out-of-pocket expenses are listed, we are requesting payment as a courtesy to our client's insured.

Client's Claim #:023-0001557-2012-007COMP