

A-PLUS AUTO CLAIM HISTORY

Date of Receipt: 12/17/2021

SEARCH REQUEST

Address

19426 Camellia Knoll Trl
HOUSTON, TX 77084-6087

Drivers

Name	DOB	License Number	License State
HASHMI, SYED	08/15/1945	2345****	TX
HASHMI, AYESHA	08/08/1947	1140****	TX

Vehicles

Year	Make	Model	VIN
2020	SUBA	FORESTER PREMIUM	JF2SKAJC2LH408928
2015	TOYT	COROLLA L/LE/LE PLUS/PREMIUM/S/S PLUS/PREMIUM	5YFBURHE7FP191934

This report may display claims associated with other individuals residing in the same household or that were identified as being claimants or operators in accidents involving the insured's vehicle. Reasonable procedures have been adopted to maximize the accuracy of this report. Subscribers, however, are to investigate independently and evaluate the relevant data provided.

CLAIM HISTORY FOR SUBJECTS (7 claims)

Claim: 1 of 7

Claim Date: 04/06/2021 **Claim Match Type:** SUB
Policy Type: Personal Automobile **At Fault Indicator:** Insured not at fault

Vehicle(s):

Involved Party: Insured
Name: HASHMI, SYED
License Number: 2345**** (TX)

Involved Party: Second Insured
Name: HASHMI, AYESHA
License Number: 1140**** (TX)

Involved Party: Insured Driver
Name: HASHMI, AYESHA
License Number: 1140**** (TX)

Claim Type	Amount	Disposition
Towing & Labor	\$18.00	CLOSED

Claim: 2 of 7

Claim Date: 12/15/2020 **Claim Match Type:** SUB
Policy Type: Personal Automobile **At Fault Indicator:** Insured not at fault

Vehicle(s): 2015 TOYOTA COROLLA (VIN: 5YFBURHE7FP191934)

Involved Party: Insured
Name: HASHMI, SYED
License Number: 2345**** (TX)

Involved Party: Second Insured
Name: HASHMI, AYESHA
License Number: 1140**** (TX)

Involved Party: Insured Driver
Name: HASHMI, AYESHA
License Number: 1140**** (TX)

Claim Type	Amount	Disposition
Collision	\$2,954.00	CLOSED
Comprehensive	\$0.00	WITHDRAWN
Property damage	\$0.00	WITHDRAWN

Claim: 3 of 7

Claim Date: 12/15/2020 **Claim Match Type:** SUB
Policy Type: Personal Automobile **At Fault Indicator:** Insured at Fault

Vehicle(s):

Involved Party: Insured
Name: HASHMI, SYED
License Number: 2345**** (TX)

Involved Party: Second Insured

Name: HASHMI, AYESHA
License Number: 1140**** (TX)

Involved Party: Insured Driver Same as Insured
Name: HASHMI, SYED
License Number: 2345**** (TX)

Claim Type	Amount	Disposition
Collision	\$938.00	CLOSED
Property damage	\$0.00	WITHDRAWN

Claim: 4 of 7

Claim Date: 12/25/2019 **Claim Match Type:** SUB
Policy Type: Personal Automobile **At Fault Indicator:** Insured not at fault

Vehicle(s): 2019 SUBARU FORESTER (VIN: JF2SKAGC3KH448764)

Involved Party: Insured
Name: HASHMI, SAYYEDA
License Number: 44189**** (NY)

Involved Party: Insured Driver Same as Insured
Name: HASHMI, SAYYEDA
License Number: 44189**** (NY)

Claim Type	Amount	Disposition
Comprehensive	\$0.00	WITHDRAWN
Rental Reimbursement	\$0.00	WITHDRAWN

Claim: 5 of 7

Claim Date: 11/04/2019 **Claim Match Type:** SUB
Policy Type: Personal Automobile **At Fault Indicator:** Insured not at fault

Vehicle(s):

Involved Party: Insured
Name: HASHMI, SYED
License Number: 2345**** (TX)

Involved Party: Second Insured
Name: HASHMI, AYESHA
License Number: 1140**** (TX)

Involved Party: Insured Driver Same as Insured
Name: HASHMI, SYED

License Number: 2345**** (TX)

Claim Type	Amount	Disposition
Collision	\$0.00	CLOSED
Uninsured motorist	\$1,208.00	CLOSED

Claim: 6 of 7

Claim Date: 06/14/2019 **Claim Match Type:** SUB
Policy Type: Personal Automobile **At Fault Indicator:** Insured not at fault

Vehicle(s): 2013 TOYOTA COROLLA (VIN: 5YFBU4EEXDP217947)

Involved Party: Insured
Name: HASHMI, SYED
License Number: 2345**** (TX)

Involved Party: Insured Driver
Name: AKBAR, TAHMEED

Claim Type	Amount	Disposition
Collision	\$0.00	CLOSED
Property damage	\$0.00	WITHDRAWN
Rental Reimbursement	\$0.00	WITHDRAWN

Claim: 7 of 7

Claim Date: 02/13/2018 **Claim Match Type:** SUB
Policy Type: Personal Automobile **At Fault Indicator:** Insured not at fault

Vehicle(s): 2015 TOYOTA COROLLA (VIN: 5YFBURHE7FP191934)

Involved Party: Insured
Name: HASHMI, SYED
License Number: 2345**** (TX)

Involved Party: Second Insured
Name: HASHMI, AYESHA
License Number: 1140**** (TX)

Involved Party: Insured Driver
Name: HASHMI, AYESHA
License Number: 1140**** (TX)

Claim Type	Amount	Disposition
Comprehensive	\$82.00	CLOSED

Feedback

If you have questions, contact:

Verisk Analytics
PO Box 5404
1000 Bishops Gate Blvd, Suite 300
Mt. Laurel, NJ 08054-5404
Telephone: 1-800-709-8842
Fax: 1-800-955-2422
Internet Address for Disputes:
<https://fcra.verisk.com/>

Refer consumers to:

Verisk Analytics
PO Box 5404
1000 Bishops Gate Blvd, Suite 300
Mt. Laurel, NJ 08054-5404
Telephone: 1-800-709-8842
Fax: 1-800-955-2422
Internet Address for Disputes:
<https://fcra.verisk.com/>

Feedback