

**Stress Solutions of New York / Apex Counseling**

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**No Fault Information**

Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Company Claims Address: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Adjusters Name: \_\_\_\_\_ Phone #: \_\_\_\_\_