

Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE
P. O. Box 11217 - Fdez. Juncos Sta.
Santurce, Puerto Rico 00910

Circular Letter No. CA-7-456-69
July 2, 1969

TO ALL THE INSURERS AUTHORIZED TO TRANSACT
AUTOMOBILE INSURANCE IN PUERTO RICO

Gentlemen:

We are in urgent need of conducting a study of the automobile Bodily Injury coverage in Puerto Rico and for that the following information is absolutely necessary for each of the calendar years 1967 and 1968.

- 1) Number of automobiles insured (by class if possible)
- 2) Individual reports of all claims which have occurred in each of these calendar years showing the details outlined in the attached form.

In view of the time element, your cooperation shall be appreciated to have this information in our Office not later than July 15, 1969.

Cordially yours,



Pedro J. Fernández Badillo
Commissioner of Insurance

Enclosure

Commonwealth of Puerto Rico
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- COMPANY CLAIM NO.
1. Date of Accident,, 196.. Location
 2. Class of Vehicle (Check Whichever Applicable) Private Pass.
Taxi
Bus
Trailer
Commercial
 3. Nature and Extent of Injury (Describe Giving Duration of Total
Disability, Any Permanent Loss of Members or Loss of Use, Etc.):
.
.
 4. Occupation Sex.
 5. Hospitalized: Yes . . . No. . . If Yes: No. Days. . . Cost \$....
 6. Medical Service: Yes . . . No. . . If Yes: Cost \$. . .
 7. Open . . . or Closed . . . (Put X Where Applicable)
 8. Amount of Settlement or Estimate of Liability: \$
 9. If no Amount is Shown in Item 7 Give Reason Therefor:
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 10. Were there other claimants in connection with this accident.
If so give claim numbers:
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 11. Was any injury sustained by the policy-holder or passengers in
his automobile? If so give details:
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IMPORTANT: REPORT ALL ACCIDENTS WHETHER THERE WAS ANY
LIABILITY ON THE PART OF THE COMPANY OR NOT.

Please do not forget to indicate the number of
automobiles insured by your Company for each of
the calendar years 1967 and 1968 by class, if
possible.

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