

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

PELLUMP KUQO,

Plaintiff,

v

Case No. 2022-192184-NI

Hon. Kwame' L. Rowe

STANLEY KWOK-KEUNG CHAN, FCA US, LLC,
GELCO FLEET TRUST, and STATE FARM
MUTUAL AUTOMOBILE INSURANCE COMPANY,

Defendants.

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**DEFENDANT STATE FARM MUTUAL INSURANCE COMPANY'S FIRST REQUESTS FOR
ADMISSION TO PLAINTIFF WITH FOLLOW UP INTERROGATORIES**

NOW COMES Defendant, STATE FARM MUTUAL INSURANCE COMPANY, by and through its attorneys, PLUNKETT COONEY, and hereby submits the following Requests for Admission to be answered by the Plaintiff in accordance with MCR 2.312, MCR 2.310 and MCR 2.309. You have twenty-eight (28) days after service of these requests to serve your response upon Defendant. If you do not serve a response to the Requests for Admission

within twenty-eight (28) days after service, each matter to which a request is made will be deemed admitted.

REQUEST FOR ADMISSION NO. 1:

Admit that State Farm Insurance Company has paid all medical expenses arising out of the subject auto accident that are due and owing to Plaintiff.

RESPONSE:

INTERROGATORY NO. 1:

If your response to Request for Admission No. 1 is anything other than an unqualified admission, please identify each medical expense that is unpaid, providing the following information:

- a. The entity or individual to which the medical expenses is owed;
- b. The date the expense was incurred by the Plaintiff;
- c. The date Plaintiff notified the Defendant of the expenses;
- d. The amount of the expense;
- e. Whether the expenses have been paid under any other insurance coverage;
- f. The name of your health insurance carrier, if any;
- g. The amount of money that you have paid out-of-pocket for any medical treatment as a result of this accident.

ANSWER:

REQUEST FOR ADMISSION NO. 2:

Admit that State Farm Insurance Company has paid all wage loss benefits as a result of the subject accident.

RESPONSE:

INTERROGATORY NO. 2:

If your response Request for Admission No. 2 is anything other than an unqualified admission, please state the following with respect to Plaintiff's claim of unpaid wage loss:

- a. The amount of claimed wage loss and exact method of computation;
- b. The period over which the claimed loss was incurred;
- c. Name and address of employer where Plaintiff would have been employed and would have earned income but for the injuries sustained in the subject accident;
- d. Whether Plaintiff notified Defendant of said wage loss and, if so, on what date Defendant was notified;
- e. Your hourly wage rate and/or salary at the time of the accident;
- f. The name of the healthcare provider that disabled you from working;
- g. The name and telephone number of your immediate supervisor at your place of employment at the time of the subject accident.

ANSWER:

INTERROGATORY NO. 3:

Have you worked since the day of the subject accident? If so, please state for each employer:

- a. Name and address of your employer;
- b. Rate of pay;
- c. Job duties;
- d. Number of days absent as a result of injuries sustained from the subject accident; and
- e. Average number of hours worked per week.

ANSWER:

REQUEST FOR ADMISSION NO. 3:

Admit that State Farm Insurance Company has paid all replacement services or other no-fault first-party benefits owed to Plaintiff as a result of this subject accident.

RESPONSE:

INTERROGATORY NO. 4:

If your response Request for Admission No. 3 is anything other than an unqualified admission, please provide the following information:

- a. The nature of the expense that Plaintiff has incurred and remains unpaid;
- b. The amount of the expense;
- c. The date the expense was incurred;
- d. The date the Defendant was notified of the expense;
- e. Please attach all documentation supporting the expense;
- f. Name, address, telephone number of the individual providing replacement services.

ANSWER:

INTERROGATORY NO. 5:

Has Plaintiff ever made a claim for Social Security disability or other benefits? If so, please state the following:

- a. The types of benefits that Plaintiff has applied for;
- b. The governmental agency and/or company with whom Plaintiff has applied for benefits, including address and person handling Plaintiff's claim;
- c. Whether Plaintiff has received any Social Security or other benefits as a result of the application for any such benefits;
- d. The date such benefits were awarded or provided to Plaintiff and the amount received;
- e. Attach copy of all documentation in Plaintiff's possession relating to the claim for benefits.

ANSWER:

REQUEST FOR ADMISSION NO. 4:

Admit that Plaintiff is not making any claim for attendant care benefits.

RESPONSE:

INTERROGATORY NO. 6:

If your response Request for Admission No. 4 is anything other than an unqualified admission, please provide the following information:

- a. The nature of the expense that Plaintiff has incurred and remains unpaid;
- b. The amount of the expense;
- c. The date the expense was incurred;
- d. The date the Defendant was notified of the expense;
- e. Please attach all documentation supporting the expense;
- f. Name, address, telephone number of the individual providing attendant care.

ANSWER:

REQUEST FOR ADMISSION NO. 5:

Admit that Plaintiff is not making any claim for medical mileage reimbursement.

RESPONSE:

INTERROGATORY NO. 7:

If your response Request for Admission No. 5 is anything other than an unqualified admission, please provide the following information:

- a. The nature of the expense that Plaintiff has incurred and remains unpaid;
- b. The amount of the expense;
- c. The date the expense was incurred;
- d. The date the Defendant was notified of the expense;
- e. Please attach all documentation supporting the expense;
- f. Name, address, telephone number of the individual providing transportation and requesting reimbursement, if other than Plaintiff.

ANSWER:

REQUEST FOR ADMISSION NO. 6:

Please admit that you are not claiming any outstanding prescriptions of any nature.

RESPONSE:

INTERROGATORY NO. 8:

If your response Request for Admission No. 6 is anything other than an unqualified admission, please provide the following information:

- a. The nature of the expense that Plaintiff has incurred and remains unpaid;
- b. The amount of the expense;
- c. The date the expense was incurred;
- d. The date the Defendant was notified of the expense;
- e. Please attach all documentation supporting the expense;
- f. The amount of money that you have paid out-of-pocket for any prescriptions as a result of this accident.

ANSWER:

Respectfully submitted,

PLUNKETT COONEY



By: _____
Ashley S. Dickey (P78304)
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Dated: May 2, 2022

PROOF OF SERVICE

The undersigned certifies that on May 2, 2022, a copy of the foregoing document was served upon the attorney(s) of record herein via:

- | | |
|--|---|
| <input type="checkbox"/> Hand delivery | <input type="checkbox"/> Overnight mail |
| <input type="checkbox"/> U.S. Mail | <input type="checkbox"/> Facsimile |
| <input type="checkbox"/> Email | <input checked="" type="checkbox"/> Electronic Filing |

I declare the penalty of perjury that the foregoing statement is true to the best of my information, knowledge and belief.

/s/ Susan Rae Chopp

SUSAN RAE CHOPP

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