

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Serpentes Medical Supply Corp
(Applicant)

- and -

Geico Insurance Company
(Respondent)

AAA Case No.	17-25-1428-2891
Applicant's File No.	GM25-11266401
Insurer's Claim File No.	8733399250000001
NAIC No.	22055

ARBITRATION AWARD

I, Anne Malone, the undersigned arbitrator, designated by the American Arbitration Association pursuant to the Rules for New York State No-Fault Arbitration, adopted pursuant to regulations promulgated by the Superintendent of Insurance, having been duly sworn, and having heard the proofs and allegations of the parties make the following **AWARD**:

Injured Person(s) hereinafter referred to as: EIP

1. Hearing(s) held on 06/26/2026
Declared closed by the arbitrator on 06/26/2026

Jay Koo, Esq. from Law Offices of Gabriel & Moroff, P.C. participated virtually for the Applicant

Cynthia Covelli from Geico Insurance Company participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$1,800.00**, was NOT AMENDED at the oral hearing.
Stipulations WERE NOT made by the parties regarding the issues to be determined.
3. Summary of Issues in Dispute

The 26 year old EIP reported involvement in a motor vehicle accident on June 10, 2025; claimed related injury and received an infrared therapy device provided by the applicant on July 31, 2025.

The applicant submitted a claim for durable medical equipment (DME), payment of which was delayed pending requests for documents and information regarding coverage.

The requests were for information related to the EIP, including an affidavit of no insurance which would have provided liability or no fault insurance for him or anyone with whom he resided on the date of this loss.

The issue to be determined at this hearing is whether the respondent established that the claim is premature.

4. Findings, Conclusions, and Basis Therefor

This hearing was held on Zoom and the decision is based upon the documents reviewed the Modria File as well as the arguments made by counsel and/or representative at the arbitration hearing. Only the arguments presented at the hearing are preserved in this decision; all other arguments not presented at the hearing are considered waived.

This claim involves a New Jersey accident. The assignor is a New York resident, who was injured as a passenger in a vehicle insured in New York.

The respondent sent correspondent to the assignor and his attorneys which stated in pertinent part:

It was reported that your client was injured as a passenger in

our insured's vehicle. Under NJ No-Fault law, you must submit your claim for benefits to your own auto insurance carrier. If you do not have automobile insurance, your claim should be presented to the auto insurance carrier of a member of your household.

If there is no such insurance available, please fill out the enclosed affidavit

for us to consider your claim. This affidavit must be

notarized and returned to GEICO as soon as possible.

In the instant matter, the applicant did not respond numerous requests for an affidavit providing information necessary to resolve the coverage issue, which remains outstanding.

Under these circumstances, the claim is premature and should be dismissed without prejudice, pending receipt of the affidavit requested.

Accordingly, the claim is dismissed without prejudice.

Any further issues submitted in the record are held to be moot and/or waived insofar as they were not raised at the time of this hearing. This decision is in full disposition of all claims for no-fault benefits presently before this Arbitrator.

5. Optional imposition of administrative costs on Applicant.
Applicable for arbitration requests filed on and after March 1, 2002.

I do NOT impose the administrative costs of arbitration to the applicant, in the amount established for the current calendar year by the Designated Organization.

6. I find as follows with regard to the policy issues before me:

- ☐ The policy was not in force on the date of the accident
- ☐ The applicant was excluded under policy conditions or exclusions
- ☐ The applicant violated policy conditions, resulting in exclusion from coverage
- ☐ The applicant was not an "eligible injured person"
- ☐ The conditions for MVAIC eligibility were not met
- ☐ The injured person was not a "qualified person" (under the MVAIC)
- ☐ The applicant's injuries didn't arise out of the "use or operation" of a motor vehicle
- ☐ The respondent is not subject to the jurisdiction of the New York No-Fault arbitration forum

Accordingly, the claim is DISMISSED without prejudice

This award is in full settlement of all no-fault benefit claims submitted to this arbitrator.

State of CT

SS :

County of Fairfield

I, Anne Malone, do hereby affirm upon my oath as arbitrator that I am the individual described in and who executed this instrument, which is my award.

07/14/2026
(Dated)

Anne Malone

IMPORTANT NOTICE

This award is payable within 30 calendar days of the date of transmittal of award to parties.

This award is final and binding unless modified or vacated by a master arbitrator. Insurance Department Regulation No. 68 (11 NYCRR 65-4.10) contains time limits and grounds upon

which this award may be appealed to a master arbitrator. An appeal to a master arbitrator must be made within 21 days after the mailing of this award. All insurers have copies of the regulation. Applicants may obtain a copy from the Insurance Department.

ELECTRONIC SIGNATURE

Document Name: Final Award Form
Unique Modria Document ID:
350daea658a6f4ff9b6b441e4b23abff

Electronically Signed

Your name: Anne Malone
Signed on: 07/14/2026