

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Auto Insurance Claim - Policy Number [Your Policy Number]

Dear [Claims Adjuster's Name or "Claims Department"],
I am writing to formally submit a claim under my auto insurance policy number [Your Policy Number], following an accident that occurred on [Date of Accident].

Details of the Incident:

- Date and Time of Accident: [Date and Time]
- Location of Accident: [Location]
- Description of Incident: [Brief description of what happened]
- Involved Parties: [List any other vehicles or parties involved]

I have included the following documentation to support my claim:

1. A copy of the police report (if applicable)
2. Photographs of the damage
3. A copy of my insurance policy
4. Any medical records (if applicable)
5. Repair estimates (if applicable)

Please acknowledge receipt of this claim and inform me of any further information you may need. I appreciate your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]