

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

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

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

Dear Claims Adjuster,

I hope this letter finds you well. I am writing to formally submit a claim related to an auto accident that occurred on [date of accident]. The details of the incident and the damages are as follows:

****Accident Details****

- Date of Accident: [Date]
- Time of Accident: [Time]
- Location of Accident: [Exact Location]
- Description of Incident: [Brief description of what happened]

****Involved Parties****

- My Vehicle: [Make, Model, Year, VIN]
- Other Party's Vehicle: [Make, Model, Year, VIN] (if applicable)
- Police Report: [Report Number, if applicable]

****Damages Incurred****

- Description of Damages: [Detail the damages to your vehicle and any other relevant property]
- Repairs Needed: [List of repairs needed, estimated costs if available]
- Medical Expenses: [Any medical expenses incurred, if applicable]

****Attachments****

I have included the following documents to support my claim:

1. Copy of the police report
2. Photographs of the damage
3. Repair estimates from authorized service providers
4. Medical bills (if applicable)
5. A copy of my insurance policy

I kindly request that you initiate the claims process and advise me on any further documentation or information needed. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Policy Number]
[Enclosures: (List of documents attached)]