

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

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

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

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim under my liability insurance policy, number [Your Policy Number], for [brief description of incident] that occurred on [date of incident], at [location of incident].

As a result of this incident, I have incurred [details of damages or injuries], which have led to [explain any financial impact or loss].

Enclosed are the following documents to support my claim:

1. Copy of my liability insurance policy
2. Incident report or statement
3. Photographs of damages/injuries
4. Medical records/bills (if applicable)
5. Any other relevant documentation

Please let me know if you require any additional information to process my claim. I appreciate your prompt attention to this matter and look forward to your response.

Sincerely,

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