

Insurance Claim Notification

Date: [Insert Date]

To,

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

Subject: Auto Accident Insurance Claim Notification

Dear Claims Adjuster,

I am writing to formally notify you of an auto accident that occurred on [Insert Date of Accident] involving my vehicle, [Insert Vehicle Make and Model], with policy number [Insert Policy Number].

Accident Details:

- Date of Accident: [Insert Date]
- Location: [Insert Location]
- Other Party Involved: [Insert Other Party Name and Insurance Information]
- Description of Incident: [Provide a brief description of the incident]

I have attached the necessary documentation, including the police report, photographs of the damage, and any medical records, to support this claim.

Please let me know if you require any additional information or documents to process my claim. I look forward to your prompt response.

Thank you for your attention to this matter.

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