

Insurance Claim Notification

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally notify you of an auto accident that occurred on [Insert Date of Accident] at [Insert Location]. I am requesting an insurance claim for the damages and injuries arising from this incident.

The details of the accident are as follows:

- Involved Vehicles: [Insert Vehicle Descriptions]
- Driver(s) Information: [Insert Driver Names and Contact Information]
- Witness Information: [Insert Witness Names and Contact Information]
- Police Report Number: [Insert Report Number]

Please find attached the following documents to support my claim:

- A copy of the police report
- Photos of the accident scene and vehicle damages
- Medical reports related to injuries sustained
- Contact information of witnesses

I appreciate your prompt attention to this matter and look forward to your response. Should you need further information or additional documentation, please do not hesitate to contact me at [Insert Your Phone Number] or [Insert Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]