

Liability Claim Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Notification of Liability Claim

To Whom It May Concern,

I am writing to formally notify you of a liability claim related to an incident that occurred on [insert date of the incident]. The details of the claim are as follows:

Incident Details:

Date of Incident: [Insert Date]

Location of Incident: [Insert Location]

Description of Incident: [Provide a brief description of what happened]

Claim Information:

Claim Number: [Insert Claim Number]

Policy Number: [Insert Policy Number]

I have enclosed all relevant documents, including photographs, witness statements, and any medical records pertaining to the incident. Please let me know if you require any additional information.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]