

Collision Insurance Claim Request

To: [Insurance Company Name]

From: [Your Name]

Date: [Current Date]

Policy Number: [Your Policy Number]

Claim Number: [If Applicable]

Dear Claims Adjuster,

I am writing to formally request a collision insurance claim following a rear-end collision that occurred on [Date of Accident] at [Location of Accident]. My vehicle, a [Make, Model, Year], was struck from behind by another vehicle, which caused significant damage.

Details of the incident are as follows:

- **Date and Time of Accident:** [Date and Time]
- **Involved Parties:** [Other Driver's Name, Contact Information]
- **Description of Damage:** [Brief Description of Vehicle Damage]
- **Police Report Number:** [If Applicable]
- **Witnesses:** [Names and Contact Information of Witnesses]

I have attached copies of relevant documents, including the police report, photographs of the damage, and any other necessary paperwork. Please let me know if you need any additional information to process my claim.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]