

Collision Insurance Claim Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Claim Number: [Insert Claim Number]

Policy Number: [Insert Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally request the processing of my collision insurance claim resulting from an accident that occurred on [Insert Date of Accident]. Below are the details of the incident:

Accident Details:

- Date and Time: [Insert Date and Time]
- Location: [Insert Location]
- Involved Parties: [Insert Names and Vehicles Involved]
- Description of Accident: [Brief description of the accident]

I have enclosed statements from eyewitnesses who were present at the scene of the accident:

Eyewitness 1:

Name: [Insert Name]

Contact Information: [Insert Contact Number]

Statement: [Insert Eyewitness Statement]

Eyewitness 2:

Name: [Insert Name]

Contact Information: [Insert Contact Number]

Statement: [Insert Eyewitness Statement]

Attached to this letter are the following documents to support my claim:

- Copy of Police Report

- Photographs of the Vehicle Damage
- Medical Reports (if applicable)
- Any Other Relevant Documents

I appreciate your prompt attention to this claim and look forward to your speedy response. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]