

# Collision Insurance Claim Request

Date: [Insert Date]

To: [Insurance Company's Name]

Address: [Insurance Company's Address]

Policy Number: [Insert Policy Number]

Dear Claims Adjuster,

I am writing to formally request a claim for collision insurance following an incident involving multiple vehicles on [insert date of accident] at [insert location of accident]. My vehicle, a [insert make, model, year] with license plate number [insert license plate], was involved in a collision with [insert brief description of other vehicles involved].

The details of the incident are as follows:

- Date of Accident: [Insert date]
- Time of Accident: [Insert time]
- Location of Accident: [Insert address or intersection]
- Other Vehicles Involved: [List their details]
- Description of Damage: [Briefly describe damages to your vehicle]

I have attached the following documents for your review:

- Copy of my insurance policy
- Police report
- Photos of vehicle damages
- Witness statements (if applicable)

Please review my claim at your earliest convenience, and do not hesitate to reach out to me if you require any additional information. I look forward to your prompt response regarding the processing of my claim.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]