

Collision Insurance Claim Request

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]

Dear Claims Adjuster,

I am writing to formally request a claim for the collision that occurred on [Insert Date of Accident] involving my vehicle, [Insert Vehicle Details]. The accident took place at [Insert Location] and was reported to the local police department. A copy of the police report is attached for your reference.

Details of the Incident:

- Claimant Name: [Insert Your Name]
- Policy Number: [Insert Policy Number]
- Vehicle Make and Model: [Insert Vehicle Make and Model]
- Date of Incident: [Insert Date]
- Time of Incident: [Insert Time]

I would appreciate your prompt attention to this matter as I am eager to resolve my claim as quickly as possible. Please let me know if you require any further information or documentation.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

Attachment: Police Report