

Collision Insurance Claim Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Collision Insurance Claim Request for Uninsured Motorist Coverage

Dear [Claim Adjuster's Name],

I am writing to formally submit a claim under my collision insurance policy for an incident involving an uninsured motorist that occurred on [Date of Accident]. My policy number is [Your Policy Number].

Details of the incident are as follows:

- Date of accident: [Date]
- Time of accident: [Time]
- Location of accident: [Location]
- Description of the accident: [Brief description of incident]
- Injuries sustained: [List any injuries, if applicable]
- Police report number: [Report Number, if available]

Attached are copies of the necessary documents, including:

- Police report
- Photos of the accident
- Any medical records (if applicable)
- Other relevant documentation

I would appreciate your prompt attention to this matter. Please let me know if any further information is required to process my claim.

Thank you for your assistance.

Sincerely,

[Your Name]