

Commercial Auto Insurance Claim

To: [Insurance Company Name]

Address: [Insurance Company Address]

Date: [Date]

Claim Number: [Claim Number]

Dear Claims Adjuster,

I am writing to formally submit a claim regarding an accident that occurred on [Date of Accident] involving my commercial vehicle, a [Make, Model, Year of Vehicle], with license plate number [License Plate Number].

The accident took place at [Location of Accident] and involved [brief description of accident - e.g., another vehicle, property damage, etc.]. I have attached all relevant documentation, including the police report, photographs of the accident scene, and any witness statements.

As per the terms of my policy number [Policy Number], I would like to request the necessary compensation for damages incurred as a result of this incident. The estimated costs for repairs are [Estimated Costs], as detailed in the attached repair estimates.

Please acknowledge receipt of this claim and keep me updated on the status of the process. I appreciate your prompt attention to this matter.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position/Title]

[Your Company Name]

[Your Contact Information]

[Your Address]