

Commercial Auto Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Collision Coverage Claim - Policy Number [Insert Policy Number]

Dear [Claims Adjuster's Name],

I am writing to file a claim under our commercial auto insurance policy for a collision that occurred on [Insert Date of Accident] involving our vehicle [Insert Vehicle Description, e.g., make, model, year, VIN]. The details of the incident are as follows:

- Date of Incident: [Insert Date]
- Location of Incident: [Insert Location]
- Description of Incident: [Briefly describe how the accident occurred]
- Involved Parties: [List any other parties involved, including their insurance details if available]

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

- Copy of the police report
- Photos of the damage
- Estimates for repairs
- Witness statements, if any

Please let me know if you require any further information or documentation to process this claim. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]