

Commercial Auto Insurance Claim - Vehicle Theft

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Claims Department]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Adjuster,

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number, if applicable]

I am writing to formally submit a claim for the theft of my commercial vehicle on [insert date of theft]. The details of the incident are as follows:

- Vehicle Make and Model: [Insert make and model]
- Vehicle Identification Number (VIN): [Insert VIN]
- License Plate Number: [Insert license plate number]
- Date and Time of Theft: [Insert date and time]
- Location of Theft: [Insert location]
- Police Report Number: [Insert police report number]

I have attached a copy of the police report and any other relevant documents to support my claim. Please let me know if you require any further information or documentation.

Thank you for your prompt attention to this matter. I look forward to your swift response regarding my claim.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]

[Your Company Name, if applicable]