

# Commercial Auto Insurance Claim

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Your Policy Number]

Claim Number: [If Applicable]

Dear Claims Adjuster,

I am writing to formally submit a claim for damages incurred during an incident involving an uninsured motorist on [Date of Incident]. My vehicle, a [Make, Model, Year], was involved in a collision at [Location of Incident].

The other party was at fault; however, they were uninsured, and I would like to seek compensation under my uninsured motorist coverage.

Details of the Incident:

- **Date and Time:** [Date and Time]
- **Location:** [Exact Location]
- **Involved Parties:** [Your Information and Other Party's Information]

Enclosed are the following documents to support my claim:

- Copy of the police report
- Photos of the damage
- Estimates for repairs
- Any medical records (if applicable)

Please contact me at [Your Phone Number] or [Your Email Address] if you require any additional information or documentation. I appreciate your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Company Name]

[Your Company Address]