

# Accident Forgiveness Insurance Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request consideration for accident forgiveness as part of my insurance policy with [Insurance Company Name]. On [date of the accident], I was involved in a minor accident that resulted in minimal damage to my vehicle and no injuries to any parties involved.

The details of the accident are as follows:

- Date of Accident: [Insert Date]
- Accident Location: [Insert Location]
- Vehicle Description: [Insert Vehicle Make, Model, Year]
- Other Party Involved: [Insert Other Party's Name and Contact Information]
- Summary of Incident: [Briefly describe what happened]

I have maintained a good driving record for the past [insert number] years and believe that this minor incident does not reflect my overall driving behavior. I kindly request that this incident be considered for accident forgiveness under my policy number [Insert Policy Number].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]