

# Auto Insurance Claim Request

Your Name: [Your Name]

Your Address: [Your Address]

City, State, Zip: [City, State, Zip]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Date]

To: [Insurance Company Name]  
Claims Department  
[Insurance Company Address]  
[City, State, Zip]

Dear Claims Adjuster,

I am writing to formally submit a claim for an auto insurance incident that occurred on [Date of Incident]. The details of the incident are as follows:

- Policy Number: [Your Policy Number]
- Claim Number: [If available]
- Vehicle Make and Model: [Your Vehicle Make & Model]
- Date and Time of Incident: [Date & Time]
- Location of Incident: [Location]
- Description of Incident: [Brief Description]

I have attached all relevant documents, including the police report, photographs of the damages, and any other supporting information.

Please acknowledge receipt of this claim and let me know if you require any additional information. I appreciate your prompt attention to this matter.

Sincerely,

[Your Name]