

# Accident Incident Claim Acknowledgment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Claim Number: [Insert Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally acknowledge the receipt of my accident incident claim submitted on [Insert Incident Date]. I appreciate your prompt attention to my claim and look forward to the processing of my case.

The details of the incident are as follows:

- Date of Accident: [Insert Date]
- Location: [Insert Location]
- Description: [Brief Description of Incident]

Please let me know if you require any further information or documentation in order to proceed with the assessment of my claim. I am eager to resolve this matter as quickly as possible.

Thank you for your assistance.

Sincerely,

[Your Name]