

Accident Claim Confirmation

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]

Dear [Insurance Adjuster's Name],

I am writing to confirm that I have filed a claim regarding the accident that occurred on [Insert Date of Accident]. The claim number assigned to my case is [Insert Claim Number].

Please let me know if you require any further information or documentation to process my claim.

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

Sincerely,

[Your Name]