

Liability Claim Letter

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 Claims Department,

I am writing to formally submit a claim for damages resulting from a vehicle accident that occurred on [Insert Date of Accident] at [Insert Location of Accident]. I believe that I am entitled to compensation for the damages and injuries I sustained as a result of this incident.

The details of the accident are as follows:

- My Vehicle: [Make, Model, Year, License Plate]
- Other Party's Vehicle: [Make, Model, Year, License Plate]
- Insurance Information of Other Party: [Insurance Company Name, Policy Number]

The accident was caused by [Briefly Describe the Circumstances of the Accident]. I have attached copies of the police report, photographs of the damage, and any medical records related to my injuries for your review.

I would appreciate your prompt attention to this matter, and I look forward to your response. Please feel free to contact me at the phone number or email address listed above should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]