

Request for Collision Coverage Details

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 Company Representative's Name],

I hope this message finds you well. I am writing to request detailed information regarding the collision coverage of my auto insurance policy (Policy Number: [Insert Policy Number]).

Specifically, I would like to know the following:

- The coverage limits for collision coverage
- Any deductibles applicable
- Exclusions or limitations in the policy
- How claims are processed under this coverage

Your prompt assistance in this matter would be greatly appreciated as it will help me understand my current insurance options better.

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

Sincerely,

[Your Name]