Insurance Collision Coverage Documentation Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email]

[Phone Number]

[Date]

Insurance Company Name

Claims Department

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Adjuster,

I am writing to request documentation regarding my collision coverage associated with policy number [Your Policy Number]. I was involved in an accident on [Date of Accident] and would like to gather all the necessary information regarding my coverage.

Specifically, I would appreciate if you could provide me with the following documentation:

- Details of coverage limits and deductibles
- A copy of the policy declaration page
- Any applicable endorsements related to collision coverage

Please let me know if you require any further information to fulfill this request. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]