

Insurance Claim for Hit and Run Incident

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Your Policy Number]

Claim Number: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally file a claim regarding a hit and run incident that occurred on [Date of Incident] at approximately [Time] in [Location]. My vehicle, a [Make, Model, Year of Your Vehicle], was struck by an uninsured driver who left the scene without providing any information.

Details of the incident are as follows:

- **Date and Time:** [Date and Time]
- **Location:** [Location of the incident]
- **Vehicle Description:** [Make, Model, Year of Your Vehicle]
- **Description of Incident:** [Brief description of how the incident occurred]
- **Witness Information:** [Names and contact numbers of any witnesses]

Attached to this letter, you will find copies of the police report, photographs of the damages, and any other relevant documentation for your review.

I would appreciate your prompt attention to this matter and assistance in processing my claim. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]