

Insurance Claim Letter for Minor Accident

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 Adjuster,

I am writing to file a claim regarding a minor accident involving an uninsured driver that occurred on [Insert Date of Accident] at [Location of Accident]. The details of the incident are as follows:

- **Involved Parties:** [Your Name] (insured driver) and [Uninsured Driver's Name, if known]
- **Vehicle Details:** [Your Vehicle Make, Model, Year], [Uninsured Driver's Vehicle Make, Model, Year if known]
- **Description of the Incident:** [Briefly describe how the accident occurred]
- **Police Report Number:** [Police Report Number, if applicable]
- **Witness Information:** [List any witnesses, if available]

Although the other driver was uninsured, I am seeking compensation for the damages to my vehicle which were estimated at [Insert Estimated Cost]. Enclosed are the photographs of the damage, the police report, and any other relevant documents.

Please let me know if you require any further information or documentation to process this claim. I appreciate your prompt attention to this matter.

Thank you.
Sincerely,
[Your Name]