

# Uninsured Driver Insurance Claim

**Your Name**

Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

**Insurance Company Name**

Claims Department  
Company Address  
City, State, Zip Code

Subject: Uninsured Driver Insurance Claim - Policy Number [Your Policy Number]

Dear Claims Adjuster,

I am writing to formally file a personal injury claim due to an accident that occurred on [Date of Accident] involving an uninsured driver. The incident took place at [Location of Accident]. I was driving my vehicle, [Vehicle Details], when another vehicle, driven by an uninsured individual, collided with me, resulting in significant injuries.

Details of the Accident:

- Date and Time: [Date and Time]
- Location: [Accident Location]
- Description: [Brief Description of Accident]

As a result of this accident, I have incurred medical expenses, lost wages, and other damages that I believe are eligible for compensation under my policy's uninsured motorist coverage. Enclosed with this letter are copies of relevant documents, including:

- Medical records and bills
- Police report
- Pics of the accident scene
- Proof of lost wages

I kindly request that you review my claim promptly. If 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 attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]