

Insurance Claim Letter

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 formally submit a claim for vehicle repair costs resulting from an accident involving an uninsured driver. The accident occurred on [insert accident date] at [insert accident location]. My policy number is [insert policy number].

Details of the accident are as follows:

- Driver's Name: [Insert Name of Uninsured Driver]
- Vehicle Description: [Insert Vehicle Make, Model, Year]
- Description of Incident: [Provide brief description of the incident]

As a result of this accident, my vehicle sustained significant damage, and I have attached the following documents to support my claim:

- Copy of police report
- Photos of the damages
- Repair estimates from certified mechanics

I request your prompt attention to this claim and the reimbursement for my repair costs, which total [insert total cost]. Thank you for your assistance in this matter. Should you require any further information, please feel free to contact me at [your phone number] or [your email address].

Sincerely,

[Your Name]