

Auto Insurance Claim Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster Name or "Claims Department"],

I am writing to formally submit a claim under my auto insurance policy ([Policy Number]) for damages resulting from an accident that occurred on [Date of Accident].

Details of the incident are as follows:

- Location of the accident: [Location]
- Other party involved: [Name and Insurance Information]
- Description of the accident: [Brief Description]
- Injuries reported: [If applicable]
- Police report number: [If applicable]

I have attached all necessary documentation, including photographs of the damage, a copy of the police report, and estimates for repairs.

Thank you for your prompt attention to this matter. I look forward to your swift response and processing of my claim.

Sincerely,

[Your Name]