

Auto Insurance Claim Submission

Policyholder's Name: [Your Name]

Policy Number: [Your Policy Number]

Claim Number: [Claim Number]

Date of Incident: [Date]

Insurer's Name: [Insurance Company Name]

Address: [Insurance Company Address]

Dear Claims Adjuster,

I am writing to formally submit a claim for the auto accident that occurred on [Date of Incident]. My vehicle, a [Make, Model, Year], was involved in an incident that has resulted in damage requiring repairs.

The details of the incident are as follows:

- **Location:** [Location of Incident]
- **Other Party Involved:** [Details of other party if applicable]
- **Description of Incident:** [Brief description]

I have attached all necessary documentation, including the police report, photos of the damage, and any relevant witness statements. Please let me know if you require any additional information to process my claim.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Signature]

[Your Name]

[Your Address]

[Your Contact Information]