

Auto Liability Claim Submission

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,

I am writing to formally submit an auto liability claim following an accident that occurred on [Insert Date of Accident]. The details of the incident are as follows:

Incident Details:

- Date of Accident: [Insert Date]

- Location of Accident: [Insert Location]

- Vehicle Involved: [Your Vehicle Description]

- Other Party Involved: [Other Party's Name and Vehicle Description]

- Police Report Number: [Insert Number]

Attached to this letter are copies of the police report, photographs of the damage, and any medical records related to injuries sustained. Please find these documents for your review.

Thank you for your attention to this matter. I look forward to your prompt response so we can resolve this claim efficiently.

Sincerely,

[Your Name]