

Car Collision Claim Documentation

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Car Collision Claim - Policy Number: [Insert Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally file a claim regarding the car collision that occurred on [Insert Date of Accident] at [Insert Location]. My vehicle, a [Insert Year, Make, and Model of Vehicle], was involved in an accident with another vehicle driven by [Insert Other Driver's Name].

Details of the accident are as follows:

- Date and Time of Accident: [Insert Date and Time]
- Location of Accident: [Insert Location]
- Other Driver's Information: [Insert Name, Contact Info, Insurance Info]
- Police Report Number: [Insert Report Number]

I have attached the necessary documentation to support my claim, which includes:

- A copy of the police report
- Photos of the damage to my vehicle
- Photos of the accident scene
- Medical reports (if applicable)
- Repair estimates from certified mechanics

Please let me know if you require any further information or documentation to process my claim. I appreciate your prompt attention to this matter and look forward to your response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]