

# Claim Request for Vehicle Accident

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 [Insurance Adjuster's Name],

I am writing to formally request the initiation of my vehicle accident claim following an incident that occurred on [Date of Accident] at [Location of Accident]. My policy number is [Your Policy Number].

Details of the accident are as follows:

- Date and Time of Accident: [Date and Time]
- Description of Accident: [Brief Description]
- Involved Parties: [Names and Contact Information]
- Police Report Number: [If applicable]

Attached to this letter are copies of the following documents for your review:

- Police report
- Photos of the accident scene
- Repair estimates
- Medical reports (if applicable)

I kindly request your assistance in processing this claim at your earliest convenience. Please let me know if any additional information or documentation is needed.

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

Sincerely,

[Your Signature (if sending hard copy)]

[Your Printed Name]