

Accident Forgiveness Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Accident Forgiveness and Premium Reduction

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally appeal for reconsideration of my auto insurance premium following an incident that occurred on [date of accident]. As a loyal customer of [Insurance Company Name] for [duration], I have maintained a clean driving record until this unforeseen accident.

As per the accident forgiveness policy, I kindly request that my first incident be forgiven, given my history and commitment to safe driving. The circumstances surrounding the accident were exceptional, and I have taken all necessary steps to ensure such an event does not happen again.

I believe that my record should warrant a reconsideration of my premium rates. I appreciate your attention to this matter and hope we can arrive at a favorable resolution.

Thank you for your understanding and support. I look forward to your prompt response.

Sincerely,

[Your Name]