

# Accident Forgiveness Inquiry

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Insurance Company Name  
Insurance Company Address  
City, State, Zip Code

Dear [Insurance Company Representative/Customer Service],

I am writing to inquire about the accident forgiveness benefits associated with my current insurance policy (Policy Number: [Your Policy Number]). I believe I may be eligible for these benefits following my recent accident on [Date of Accident].

Could you please provide me with information regarding how the accident forgiveness program works, any eligibility criteria that I need to meet, and the implications for my premium rates moving forward?

Thank you for your assistance. I look forward to your prompt response.

Sincerely,  
[Your Name]