

# Accident Forgiveness Justification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally request accident forgiveness consideration under extenuating circumstances concerning my recent incident on [date of accident]. As a long-standing policyholder with [Insurance Company Name] and an otherwise clean driving record, I hope you will take my situation into account.

The accident occurred due to [briefly explain the circumstance, e.g., sudden weather change, medical emergency]. It was an isolated incident, and I have taken corrective measures to ensure this situation does not occur again, including [mention any steps taken, e.g., additional driving courses, vehicle improvements].

I genuinely appreciate the support and service your company provides and believe that my request for accident forgiveness is justifiable given the conditions surrounding this event. I assure you of my commitment to safe driving and maintaining my good standing with your company.

Thank you for considering my request. I look forward to your understanding and a positive response.

Sincerely,

[Your Name]