

Accident Claim Adjustment Request

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]

Subject: Request for Adjustment on Uninsured Motorist Coverage Claim

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to formally request an adjustment to my recent claim regarding the accident that occurred on [Date of Accident]. My policy number is [Your Policy Number].

As you are aware, the accident involved an uninsured motorist, and I have submitted all necessary documentation, including police reports and medical records. However, I believe that the compensation awarded does not fully reflect my losses and ongoing expenses related to this incident.

I kindly ask that you review my claim and consider the following points for a fair adjustment:

- Details of the accident and related damages
- Medical expenses incurred
- Loss of income due to inability to work
- Emotional distress caused by the accident

Please let me know if you require any additional information or further documentation to assist in this process. I appreciate your prompt attention to my request, as I am eager to resolve this matter as soon as possible.

Thank you for your consideration.

Sincerely,

[Your Name]