

# Accident Claim Adjustment Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Adjuster,

I am writing to formally request an adjustment to my accident claim (Claim Number: [Claim Number]) following the incident on [Date of Accident]. The vehicle involved was a [Make, Model, Year of Vehicle].

After obtaining estimates for the necessary repairs from [Repair Shop Name(s)], I have attached the estimates for your review. The total amount for the repairs is [Total Estimate Amount]. I believe these estimates accurately represent the cost needed to restore my vehicle to its pre-accident condition.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or documentation.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]