

Liability Claim Notification

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

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

Subject: Liability Claim Notification - Auto Accident on [Insert Date of Accident]

Dear [Insurance Adjuster's Name],

I am writing to formally notify you of my intention to file a liability claim regarding an auto accident that occurred on [insert date], involving my vehicle, [Your Vehicle Make and Model], and the other party's vehicle, [Other Party's Vehicle Make and Model].

Details of the accident are as follows:

- Accident Date: [Insert Date]
- Accident Time: [Insert Time]
- Location: [Insert Location]
- Involved Parties: [Your Name] and [Other Party's Name]
- Police Report Number: [Insert Number]

I have attached copies of relevant documents, including the police report, photographs from the scene, and any medical records related to the incident. Please review these materials and advise me on the next steps in processing this claim.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]