

Liability Insurance Claim Report

Date: [Insert Date]

To: [Insurance Company Name]

Claim Number: [Insert Claim Number]

Policy Number: [Insert Policy Number]

From: [Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

Subject: Liability Insurance Claim Report

Dear [Claims Adjuster Name],

I am writing to formally submit my liability insurance claim regarding the incident that occurred on [insert date of incident]. The details of the incident are as follows:

Incident Details:

Date of Incident: [Insert Date]

Location of Incident: [Insert Location]

Description of Incident: [Provide a brief description of what happened]

Parties Involved:

Your Information:

Name: [Your Name]

Contact Information: [Your Contact Information]

Other Party's Information:

Name: [Other Party's Name]

Contact Information: [Other Party's Contact Information]

Damages/Injuries:

[List any damages or injuries that were incurred as a result of the incident]

Supporting Documentation:

I have attached the following documents to support my claim:

- [Document 1]
- [Document 2]
- [Document 3]

I appreciate your prompt attention to this matter, and I look forward to your response regarding the claim. If you need any additional information, please feel free to contact me.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]