

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

[Date]

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

RE: Notice of Uninsured Motorist Property Damage Claim

Claim Number: [Claim Number]
Policy Number: [Your Policy Number]
Date of Loss: [Date of Accident]
Location of Loss: [Location of Accident]

Dear [Claims Adjuster Name],

I am writing to formally submit a claim for Property Damage under the Uninsured Motorist (UMPD) coverage of my insurance policy. This claim results from an accident involving an uninsured driver that occurred on [Date of Accident].

Description of Incident:

[Briefly describe how the accident happened and how the other driver was at fault.]

Uninsured Driver Information:

Name: [Other Driver's Name]
Vehicle Make/Model: [Other Vehicle Info]
License Plate: [Plate Number]
[State why they are known to be uninsured, e.g., Police Report or statement from the driver].

Damage Description:

My vehicle, a [Year, Make, Model], sustained damage to the [Describe damaged areas, e.g., rear bumper and trunk]. I have attached the following documents to support my claim:

- Copy of the Police Report
- Photographs of the damage to my vehicle
- Repair estimates from [Repair Shop Name]
- [Receipts for rental car or other related costs]

I request that you review this claim and contact me regarding the settlement for the repairs of my vehicle. I look forward to a prompt resolution of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]