[Company Name]
[Claims Department]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address]
[City, State, Zip Code]

**Subject: Confirmation of Auto Accident Claim Filing**

Dear [Policyholder Name],

This letter confirms that we have received and successfully filed your auto accident claim. Please keep a copy of this letter for your records.

**Claim Information:**

- **Claim Number:** [Insert Claim Number]
- **Policy Number:** [Insert Policy Number]
- **Date of Loss:** [Insert Date of Accident]
- **Assigned Adjuster:** [Adjuster Name]
- **Adjuster Contact Number:** [Phone Number/Extension]

**Next Steps:**

Your assigned claims adjuster will contact you within [Number] business days to discuss the details of the accident, review your coverage, and explain the inspection process for your vehicle. If you have any immediate documentation, such as police reports or photos, please have them ready to provide to your adjuster.

If you have any questions regarding your claim status, please call our claims department at [Phone Number] and reference your claim number.

Thank you for choosing [Company Name]. We are committed to processing your claim as efficiently as possible.

Sincerely,

[Sender Name]
[Title]
[Company Name]