

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

[Date]

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

RE: Notice of Traffic Collision Incident

Policy Number: [Your Policy Number]
Claim Number: [If already assigned]
Date of Incident: [Date of accident]

To Whom It May Concern,

I am writing to formally report a traffic collision involving my vehicle that occurred on [Date] at approximately [Time]. The incident took place at [Location/Intersection, City, State].

Description of Incident:

[Provide a brief, factual description of how the accident happened].

Other Parties Involved:

Driver Name: [Other Driver's Name]
Vehicle Make/Model: [Other Vehicle Info]
Insurance Provider: [Other Driver's Insurance Co]
Policy Number: [Other Driver's Policy Number]

Police Report Information:

A report was filed with the [Name of Police Department].
Police Report Number: [Report Number]

Attached are copies of the police report exchange, photos of the scene, and photos of the damage to both vehicles. Please contact me at your earliest convenience to discuss the next steps in the claims process and to arrange for a vehicle inspection.

Sincerely,

[Your Signature]

[Your Printed Name]