

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

RE: Notice of Uninsured Incident Date

Dear [Recipient Name],

This letter serves as formal notification regarding an incident that occurred on **[Date of Incident]** at approximately **[Time]** located at **[Location of Incident]**.

Our records indicate that at the time of this incident, there was no active insurance coverage in place for [Vehicle Plate Number / Property Address / Policy Number].

Details of the incident:

[Brief Description of Incident]

Because this incident occurred during a period without insurance coverage, you may be held personally liable for all damages, costs, and claims arising from this event. Please be advised that we are currently assessing the total value of damages and will provide further documentation once the evaluation is complete.

If you believe our records are in error and you did have active coverage on **[Date of Incident]**, please provide your insurance company name, policy number, and proof of coverage within [Number] days of receiving this letter.

Please contact [Name of Contact Person] at [Phone Number] or [Email Address] to discuss the resolution of this matter.

Sincerely,

[Your Signature]

[Your Printed Name]