[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

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

RE: Notice of Uninsured Motorist Claim

Policy Number: [Your Policy Number]
Claim Number: [Claim Number, if already assigned]
Date of Incident: [Date of Accident]
Location of Incident: [Location/City/State]

To Whom It May Concern,

This letter serves as formal notification that I am filing a claim for Uninsured Motorist (UM) benefits under the above-referenced insurance policy. This claim arises from a motor vehicle accident that occurred on [Date of Accident] involving an uninsured driver.

Incident Details:

- **Uninsured Driver Name:** [Name of Other Driver]
- **Vehicle Description:** [Make, Model, and License Plate of Other Vehicle]
- **Police Report Number:** [Report Number, if available]

Based on the information available, the driver at fault does not carry valid liability insurance. As a result, I am seeking coverage for damages sustained in this accident, including but not limited to medical expenses, pain and suffering, and lost wages.

Please acknowledge receipt of this claim in writing. I have attached the [Police Report/Photos/Medical Bills] for your review. Please inform me of the next steps in the investigation process and provide the name and contact information of the adjuster assigned to this file.

Sincerely,

[Your Signature]
[Your Printed Name]