

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

Subject: Instructions for Filing Your Auto Accident Claim

Dear [Policyholder Name],

We have received notice regarding your recent auto accident. To begin the claims process, please follow the instructions outlined below:

1. Claim Information

Your assigned claim number is: **[Claim Number]**. Please include this number on all documents and correspondence.

2. Required Documentation

Please submit the following items as soon as possible:

- A copy of the Police Report (or the exchange of information slip).
- Clear photos of the damage to all vehicles involved.
- Photos of the accident scene and any relevant road signs.
- Contact information for any witnesses.

3. Vehicle Inspection

An insurance adjuster will contact you within [Number] business days to schedule an inspection. If your vehicle is at a repair shop, please provide the shop's name and phone number to your adjuster.

4. How to Submit Files

You may submit your documents via:

- **Email:** [Email Address]
- **Online Portal:** [Website URL]
- **Mobile App:** [App Name]

5. Next Steps

Once we receive your documentation and the inspection is complete, we will review the coverage and liability to determine the settlement amount. We will notify you of our decision in writing.

If you have any questions, please contact your Claims Representative, [Adjuster Name], at [Phone Number].

Sincerely,

[Your Name/Company Name]

[Title]

[Phone Number]