

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

[Date]

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

Re: Notice of Claim
Claimant: [Your Full Name]
Insured Party: [Name of the At-Fault Driver]
Policy Number: [Policy Number, if known]
Date of Accident: [Date]
Location of Accident: [Street/City/State]

To Whom It May Concern,

This letter serves as formal notice of my claim for damages resulting from a motor vehicle accident involving your insured party on the date and location mentioned above.

At the time of the incident, I was [describe your role, e.g., driving my vehicle / a passenger / a pedestrian] when your insured party [briefly describe the accident, e.g., struck my vehicle from behind]. As a result of this collision, I have sustained bodily injuries and property damage to my vehicle.

I am currently undergoing medical evaluation and treatment for my injuries. I am also obtaining estimates for the repair of my vehicle. Once I have reached maximum medical improvement and compiled all necessary documentation, including medical records, bills, and proof of lost wages, I will submit a formal demand for settlement.

Please acknowledge receipt of this claim in writing and provide me with the claim number assigned to this matter. Please direct all future correspondence to my attention at the address listed above.

Sincerely,

[Your Signature]

[Your Printed Name]