

Car Accident Loss Notification Letter

Date: [Insert Date]

To: Claims Department
[Insurance Company Name]
[Company Address]

Policy Holder Information

Name: [Your Full Name]

Policy Number: [Your Policy Number]

Contact No: [Your Phone Number]

Email: [Your Email Address]

Vehicle Make/Model: [Car Make/Model]

License Plate: [Vehicle License Plate]

Accident Details

Date & Time of Accident: [Insert Date & Time]

Accident Location: [Insert Address or Location]

Description of Incident:

[Briefly describe how the accident occurred, the extent of damage, and any injuries sustained.]

Police Report Number: [If applicable]

Additional Information

Third-Party Details (if any): [Name, Contact, Vehicle Registration]

Witnesses (if any): [Names and Contacts]

Description of Loss:

[Provide details of vehicle/property damage, estimated cost, and any supporting information.]

Attachments: [Photographs, Police Report, Repair Estimates, etc.]

I kindly request that you process my claim for the above-mentioned loss at your earliest convenience. Please let me know if you need any further information or documentation.

Sincerely,

[Your Name]

[Your Address]

Important Notes

- Provide accurate and complete information to avoid delays in claim processing.
- Attach all supporting documents such as photos, police report, and repair estimates.
- Notify your insurance provider as soon as possible after the accident.
- Keep copies of all correspondence and submitted documents for your records.
- Contact your insurance agent if you have any questions during the process.