

Notice of Insurance Claim

Date: _____

[name and address of insurance company]

Name of your insured: _____

Policy number: _____

To Whom It May Concern:

Please be advised that I received injuries I sustained property damage in an accident on _____ at the following location: _____. The accident involved:

- two or more motor vehicles
- motor vehicle and pedestrian
- motor vehicle and bicycle
- motor vehicle and property

[for all motor vehicles involved other than your own, give:]

Make, model, year, and color of vehicle: _____

License plate number and state of issuance: _____

Vehicle identification number: _____

Name of driver (if different from name of insured above): _____

Driver's license number and state of issuance: _____

- slip and fall
- animal bite, claw, knockdown, etc.

dangerous or defective product

other (specify): _____

The person named above was involved in the incident. Please confirm in writing to the address below your liability coverage of the insured identified above. Please also advise whether your insured contends that anyone other than your insured may be in whole or in part legally responsible for accidents on or near the premises or for this accident.

As requested, please respond in writing. If necessary, I may be reached by telephone at the below number.

Thank you for your prompt attention to this matter.

Sincerely,

_____ Date: _____

Signature

Name

Address

Phone