

Date

Name

Address

City, State Zip Code

Claim Number:

Policy Number:

Insured:

Claimant:

Date of Loss:

Dear Sirs:

We are the insurance carrier for one of the drivers involved in this motor vehicle accident.

Please send us the police report regarding this accident. We have enclosed a check in the amount of \$_____ to cover the cost of this report. A self-addressed envelope is provided for your convenience in returning the report to us.

Report Number:

Accident Location:

Drivers:

Should you require anything additional to send the report, please do not hesitate to contact me at my office number Mondays through Fridays during my regular office hours of 8:00 a.m. to 4:30 p.m. You may also leave a voice mail message and I will return your call as soon as possible.

Very truly yours,

Name

Title