

(Date of Letter)

(Insurance Company Name)

(Claims Department)

(Street Address)

(City, State and Zip Code)

RE:

(Name of Insured)

(Claim Number)

(Date of Loss)

(Uninsured/Underinsured)

Dear Claims Department:

Please accept this letter as notice of an (uninsured/underinsured) insurance claim under the above-referenced policy. The above-referenced policy is in the name of (name of insured) and was issued on the (month/year) day of (month/year). The policy is current and all premiums have been paid. This notice of claim relates to

(identify insured or member of insured's family or household making the claim).

On the (month/year) day of (month/year), a vehicular accident occurred at

(location of accident), wherein the vehicle operated by (insured or member of insured's family or household) was involved in a collision in which (insured or member of insured's family or household) was injured. It has been determined that the tort-feasor (does/does not) have liability insurance. The (coverage/non-coverage) has created the need for coverage under the (uninsured/underinsured) provisions of the above-referenced policy.

Pursuant to the policy language and the requirements thereunder, the undersigned is providing this notice of claim for the (uninsured/underinsured). Kindly acknowledge receipt of this notice whereupon appropriate pleadings, demand letters to the tort-feasor, information relative to the tort-feasor's insurance coverage, information relative to the tort-feasor's financial status, accident report, photographs, medical bills, other related expenses, etc., will be provided as evidence of the basis for the claim made in this matter. Based upon the (coverage/non-coverage) coverage of the tort-feasor and based upon the damages presently documented as a result of the collision described above, \$ (amount) represents the dollar

amount of damages for which this notice applies. Additional damages either have been made or will be incurred from this point forward as a result of the aforementioned collision, and those damages will be documented when appropriate.

Kindly indicate your company's interest in the resolution of this matter, along with the company's authority for the undersigned to proceed on behalf of (insured or member of insured's family or household). Since time is of the essence, it would be appreciated if your response could be provided within ten days of the date of this letter. Thank you for your courtesies.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)

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This is not a substitute for legal advice. An attorney must be consulted.