

CLICK HERE and Enter Company Name
Company Address & Phone Number

November 15, 2009

Receipient's Name & Address

RE:	Our Insured:	Insured's Name
	Policy Number:	Policy Number
	Date of Accident:	Date of Accident
	Claim Number:	Claim Number

Dear Sirs:

Please send us one copy of the report taken in connection with this accident. We have enclosed a check in the amount of \$5.00 to cover the cost of this report.

Report Number:	Incident Report Number
Accident Location:	Accident Location
Drivers:	Insured Driver & Adverse Drivers

Sincerely,

Adjuster's Name
Adjuster's Job Title