

[NAME]

[ADDRESS]

[PHONE]

[DATE]

[NO FAULT ADJUSTER]

[YOUR INSURANCE COMPANY ADDRESS]

Re: [YOUR NAME]
D/A: [DATE OF ACCIDENT]
Policy Number: [YOUR POLICY NUMBER]
Claim Number: [YOUR CLAIM NUMBER]
Your insured: [NAME OF POLICY HOLDER]

Dear Sir/Madam:

Please be advised that [NAME OF INJURED PERSON] sustained serious personal injuries in the above-mentioned collision.

Enclosed herewith please find a completed no-fault application. Furthermore, this letter is to serve as notice of the intention to pursue an uninsured/underinsured motorists claim.

I would like to thank you for your anticipated cooperation in the future. Your attention to this matter is greatly appreciated.

Respectfully,

[YOUR NAME]

Enclosure(s) [SEND WITH [NO FAULT APPLICATION](#)]