

Dear [Claims Department / Adjuster's Name],

I am submitting the following details regarding my auto insurance claim:

**Claim Number:** AUTO-2025-400-GLASS

**Policy Number:** AUTO-445566-TX

**Date of Loss:** January 28, 2025

**Insured Information**

Name: Jennifer Martinez

Address: 567 Sunset Drive, Houston, TX 77003

**Vehicle Information**

2023 Tesla Model 3

VIN: 5YJ3E1EA3NF123456

**Incident Description**

While driving on the highway, a rock struck the windshield, resulting in a 14-inch crack. A complete windshield replacement is required.

**Claim Amount:** \$400.00

- Parts: \$320
- Labor: \$80

**Injuries:** None (property damage only)

**Fault:** No fault – road hazard

Please confirm receipt of this claim and advise on the next steps for processing.

Thank you for your assistance.

