

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.

