

(6/26/2016 ENTER THE DATE YOU WISH TO SEND DOCS HERE)

(AT FAULT DRIVERS NAME HERE).

RE: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
CLAIM #: (ENTER YOUR CLAIM # HERE), (MAKE AND MODEL OF YOUR VEHICLE)
DATE OF LOSS: (ENTER DATE HERE)
CLAIMANT: (YOUR NAME HERE)

DEAR MR. (AT FAULT DRIVER),

ENCLOSED PLEASE FIND THE DOCUMENTATION FOR THE REMAINING DAMAGES ON MY VEHICLE IN RELATION TO THE ABOVE-CAPTIONED CLAIM. PLEASE INFORM ME IN WRITING ONLY AS TO HOW YOU OR YOUR INSURANCE COMPANY INTENDS TO ADDRESS THESE REMAINING DAMAGES AS LISTED BELOW. IF FOR SOME REASON YOU FEEL THAT THESE REMAINING DAMAGES ARE NOT OWED AT THIS TIME, PLEASE DETAIL EVERY SPECIFIC POLICY PROVISION I HAVE WITH YOUR INSURANCE COMPANY, EXCLUSION, DOCUMENT, REPORT, AND LAW, ALONG WITH SUPPORTING LOCAL CASE CITES, WHICH CONFIRMS YOUR POSITION. I WOULD ASK THAT YOU ALSO PROVIDE THE NAMES OF ALL THOSE INDIVIDUALS WHO CONSULTED ON THESE DECISIONS, AND THEIR LEVEL OF AUTHORITY. I WOULD SUGGEST YOU FORWARD THESE LETTERS TO YOUR INSURANCE COMPANY AS THEY HAVE THE DUTY THROUGH CONTRACT TO INDEMNIFY YOU AS AN INSURANCE POLICY HOLDER. THEIR CONTACT INFORMATION IS PROVIDED BELOW.

DATE	DESCRIPTION	AMOUNT
REPT. DATE	INHERENT DIMINISHED VALUE	????
	WRECK CHECK CAR SCAN CENTER DIMINISHED VALUE REPORT	\$400.00
		\$
		\$
	TOTALS	\$

PLEASE RESPOND IN WRITING ONLY SO THAT THERE WILL BE NO MISUNDERSTANDING YOUR POSITION. I WOULD ASK THAT YOU OR ANYBODY FROM YOUR INSURANCE COMPANY CONTACT ME BY TELEPHONE REGARDING THESE MATTERS AS I WOULD CONSIDER THAT A FORM OF HARASSMENT. IF I DO NOT RECEIVE A WRITTEN RESPONSE WITHIN TEN (10) DAYS OF RECEIPT, IT WILL BE UNDERSTOOD, AND AGREED THAT YOUR OR YOUR INSURANCE COMPANY WILL MAKE ARRANGEMENTS TO PAY ALL OF THESE REMAINING DAMAGES WITHIN 30 DAYS. YOUR EXPEDIENCE IN THIS MATTER WOULD BE APPRECIATED.

I HAVE SENT A COPY OF THESE SAME DOCUMENTS TO YOUR INSURANCE COMPANY TO HELP EXPEDITE THIS MATTER.

THANK YOU FOR YOUR PROMPT CONSIDERATION IN THIS MATTER AND PLEASE GOVERN YOURSELF ACCORDINGLY!

SINCERELY (YOUR NAME HERE)

STATE FARM CLAIMS
ATTN: RON REYNOLDS
PO Box 52282
PHOENIX, AZ 85072

DIMINISHED VALUE CLAIMS DEPARTMENT CONTACT:
RON REYNOLDS
770-418-5269
STATEFARMCLAIMS@STATEFARM.COM (USE THE CLAIM # IN THE SUBJECT LINE)