[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Welcome to [Agency Name]

Dear [Client Name],

Thank you for choosing [Agency Name] for your insurance needs. We are pleased to have you as a client and are committed to providing you with excellent service and protection.

Your policy documents are attached for your records. Please review them carefully to ensure all information is correct.

Auto Claims Procedure Guide

In the event of an accident, please follow these steps to ensure a smooth claims process:

1. **Ensure Safety:** Check for injuries and move to a safe location if possible. Call emergency services if there are injuries or significant damage.
2. **Exchange Information:** Collect the following details from all parties involved:
    - Full name and contact information
    - Insurance company and policy number
    - Driver's license number and license plate number
    - Vehicle make, model, and year
3. **Document the Scene:** Take photos of the damage to all vehicles, the accident location, and any relevant road signs or conditions.
4. **File a Police Report:** A formal report is often required by insurance carriers to process a claim.
5. **Report the Claim:** Contact our agency or your insurance carrier directly as soon as possible.
    - **Agency Phone:** [Phone Number]
    - **Carrier 24/7 Claims Line:** [Carrier Phone Number]
    - **Policy Number:** [Client Policy Number]

If you have any questions regarding your coverage or the claims process, please do not hesitate to contact your agent, [Agent Name], at [Agent Email] or [Agent Phone].

Sincerely,

[Your Name]
[Your Title]
[Agency Name]