



Send all claims correspondence to:  
ABC Company Total Loss – COE  
PO Box 12345  
Philadelphia, PA 19106  
FAX: (877)111-2222  
Email: claimsdocuments@abccompany.com

DATE

RE: Claim Number: XXXXXXXXXXXX-X-X  
Loss Date: 10/01/2018 12:00:00 AM  
VIN: XXXXXXXXXXXXXXXXXXXX  
Year/Make/Model: 2003 Toyota Camry

**Please ensure your document includes the highlighted information. If this information is not visible, the document may not be accepted.**

Dear Policy Holder:

Your vehicle has been determined to be a total loss. The mileage, options, condition, and title history of your vehicle are taken into account when preparing your vehicle valuation. This information is used to establish the actual cash value of your vehicle.

The actual cash value of your total loss includes prior unrepaired damage and vehicle title history. These considerations accounted for an adjustment of \$0 in the value of your vehicle. The following is the breakdown of your settlement:

Actual Cash Value:	\$XXXX.XX
Sales Tax:	\$XXX.XX
DMV Fees:	\$XX.XX
Less Deductible	-\$XXX.XX
<b>Total Amount:</b>	<b>\$XXXX.XX</b>

If you have any questions or concerns, please call 1-800-222-3333.

Sincerely,  
ABC Company

John Smith  
Total Loss Specialist

**WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**