[YOUR FULL NAME]
[Your Street Address]
[City, State, Zip Code]
[Your Phone Number] | [Your Email Address]

[DATE]

[INSURANCE COMPANY NAME]
Claims Department
[Insurance Company Street Address]
[City, State, Zip Code]

Claim Number: **[CLAIM NUMBER]** Policy Number: **[POLICY NUMBER]**
Insured Party: **[INSURED NAME]** Date of Loss: **[DATE OF ACCIDENT]**
Vehicle: **[YEAR MAKE MODEL]** VIN: **[VEHICLE IDENTIFICATION NUMBER]**

RE: Formal Demand for Inherent Diminished Value Compensation

To Whom It May Concern,

I am writing to formally request compensation for the **inherent diminished value** of my vehicle following the collision referenced above. Although repairs have been completed to functional standards, a vehicle with an established accident history suffers an unavoidable loss in market resale value compared to an identical vehicle with a clean history.

Prior to the loss, my vehicle had an estimated market value of [PRE-ACCIDENT VALUE]. Based on independent market analysis and local comparable sales, the diminished value of my vehicle as a result of this accident record is [APPRAISED DIMINISHED VALUE AMOUNT].

Valuation Summary	Amount
Estimated Pre-Accident Fair Market Value	$[PRE-ACCIDENT VALUE]
Post-Repair Market Value (Impaired History)	$[POST-REPAIR VALUE]
Total Claimed Diminished Value	**$[APPRAISED DIMINISHED VALUE AMOUNT]**

Please provide a full itemized explanation of the calculation method used for any diminished value offer your company proposes. I request that your assessment take into account independent market evidence in addition to any standard internal software. I understand that arbitrary formulas, such as the "17c" formula, are not mandated by state law nor endorsed by insurance regulators as an exclusive measure of diminished value.

Please review the attached appraisal documentation and respond in writing with your proposed assessment within **14 calendar days** of receipt. If you require any specific additional documentation to process this claim, please advise me promptly.

Sincerely,

[YOUR FULL NAME]
Vehicle Owner / Claimant

Enclosures:
- Diminished Value Appraisal Report
- Final Repair Order Invoice
- Comparable Local Sales Data