

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Claim Number [Your Claim Number]

Dear [Claims Adjuster's Name or Claims Department],

I am writing to formally submit a claim under claim number [Your Claim Number]. The details of the claim are as follows:

- **Date of Incident:** [Date]
- **Policy Number:** [Your Policy Number]
- **Description of Incident:** [Brief description of the incident]

I have attached all relevant documentation, including [list of attached documents, e.g., incident reports, photographs, receipts, etc.], to support my claim.

Please let me know if you require any further information or additional documentation to process my claim.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]