

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

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

Claim Number: [Your Claim Number]

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

I am writing to formally demand payment for my insurance claim submitted on [date of claim submission] under policy number [your policy number].

On [date of incident], [briefly describe the incident and its impact, including any damages or injuries sustained]. As a result, I incurred expenses totaling [insert total amount of expenses and outline them briefly e.g., medical expenses, property damage, lost wages].

I have attached copies of all relevant documents, including:

- [List of documents, e.g., repair estimates, medical bills, police report, etc.]

I expect a response to my demand by [set a reasonable deadline, e.g., 15 business days]. If my claim is not settled promptly, I will have no choice but to consider further action.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]