

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

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

Subject: Insurance Claim Application - Policy No. [Your Policy Number]

Dear Claims Adjuster,

I am writing to submit a formal claim for [type of insurance, e.g., property, auto, health] under my policy number [Your Policy Number].

On [date of incident], I experienced [brief description of the incident, e.g., an auto accident, property damage, medical issue] which resulted in [describe the damages or losses].

Attached to this letter are the relevant documents supporting my claim, including:

1. [List of attached documents, e.g., incident report, photos, medical bills, police report]
2. [Any additional documents]

I would appreciate your prompt attention to this matter. Please let me know if you require any further information to process my claim. I can be reached at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Signature (if mailing a hard copy)]
[Your Printed Name]