

[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 for Income Loss

Dear [Claims Adjuster's Name or "Claims Department"],
I am writing to formally submit a claim for income loss under my policy number [Your Policy Number] due to [briefly explain the reason, e.g., accident, illness, etc.].

On [date of incident], I [describe the incident and how it led to income loss]. As a result, I have been unable to work and have incurred a significant loss of income.

I have attached the necessary documentation to support my claim, including:

1. [Document 1: e.g., medical records, accident report]
2. [Document 2: e.g., income statements, pay stubs]
3. [Document 3: e.g., any other relevant documents]

I kindly request that my claim be processed promptly. If you require any further information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]