

[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 Submission for Policy #[Policy Number]

Dear Claims Adjuster,

I am writing to formally submit a claim regarding policy #[Policy Number] for an incident that occurred on [Date of Incident]. Please find the details of the claim below:

- \*\*Claimant Name:\*\* [Your Name]
- \*\*Date of Incident:\*\* [Date]
- \*\*Location of Incident:\*\* [Location]
- \*\*Description of Incident:\*\* [Brief description of what happened]
- \*\*Policy Number:\*\* [Your Policy Number]
- \*\*Claim Amount:\*\* [Amount being claimed]

Enclosed with this letter are the following documents to support my claim:

1. [Document 1 - e.g., photos, police report]
2. [Document 2 - e.g., medical bills, repair estimates]
3. [Document 3 - e.g., witness statements]

I kindly request that you process my claim at your earliest convenience. Should you require any additional information or documentation, please feel free to contact me at your convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]