

[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 for ZQuiet Product

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for reimbursement related to the ZQuiet product I purchased on [Purchase Date], which was unfortunately ineffective in addressing my snoring issue as promised.

The details of my claim are as follows:

- Policy Number: [Your Policy Number]
- Claim Number: [Your Claim Number, if applicable]
- Purchase Price: [Amount Paid]
- Purchase Location: [Store/Website Name]

I have attached copies of the purchase receipt, product details, and any related correspondence for your review. Please let me know if you require any additional information to process this claim.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]