

Duplicate Policy Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to request a duplicate copy of my insurance policy [Policy Number] regarding the recent damage to my goods. The goods were damaged on [Insert Date of Damage], and my original policy document has unfortunately been misplaced.

Details of the incident are as follows:

- Type of Goods: [Insert Description]
- Date of Incident: [Insert Date]
- Claim Number: [Insert Claim Number]

Please send the duplicate policy document to my above-mentioned address or to my email address if possible. If there are any forms or additional information required from my side, please let me know.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]