

# Duplicate Policy Request for Failed Deliveries

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Attn: [Claims Department/Contact Person]

Dear [Contact Person's Name],

I am writing to formally request a duplicate copy of my insurance policy related to my recent claim for failed deliveries under policy number [Insert Policy Number]. Despite my efforts, I have been unable to locate the original document, which is crucial for resolving my claim.

Details of the claim are as follows:

- Claim Number: [Insert Claim Number]
- Date of Incident: [Insert Date of Incident]
- Type of Delivery: [Insert Type]

In accordance with your policies, I would appreciate your prompt attention to this matter and would be grateful if you could send me the duplicate policy at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]