

Income Protection Insurance Claim Submission

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 Claims Department,

I am writing to formally submit a claim for income protection insurance under my policy number [Insert Policy Number]. Due to [briefly describe the reason for your claim, e.g., illness, injury], I am unable to perform my regular work duties.

Attached to this letter are the necessary documents to support my claim, including:

- Completed claim form
- Medical certificates
- Proof of income
- Any additional relevant documents

Please let me know if you require any further information or documentation. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for considering my claim.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]