

Insurance Claim Document Retrieval Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name or Insurance Company],

I am writing to formally request the retrieval of documents related to my insurance claim with your company. My claim number is [Insert Claim Number], submitted on [Insert Submission Date].

In order to assist in the processing of my claim, I kindly ask for copies of the following documents:

- [Document Type 1]
- [Document Type 2]
- [Document Type 3]

I appreciate your prompt attention to this matter and look forward to receiving the requested documents at your earliest convenience. If you require any further information or clarification, please feel free to contact me at the phone number or email address provided above.

Thank you for your assistance.

Sincerely,

[Your Name]