

Insurance Claims Documentation Requirement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to submit my insurance claim for [describe the nature of the claim, e.g., auto accident, property damage, etc.] that occurred on [insert date of incident]. To facilitate the processing of my claim, please find attached the required documentation listed below:

- Claim Form (completed)
- Copy of the police report (if applicable)
- Photographs of the damage
- Medical reports (if applicable)
- Receipts for any incurred expenses
- Witness statements (if available)

If you require any additional documentation or information, please feel free to contact me at [your phone number] or [your email]. Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]