

# Priority Handling Request for Insurance Claim

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],

I am writing to formally request priority handling of my insurance claim, reference number [Claim Number], due to [briefly explain reason for urgency, e.g., financial difficulties, health issues, etc.].

Despite my previous communications regarding this claim, I have not yet received a satisfactory resolution, and the delays are causing significant concern.

I appreciate your attention to this matter and hope for a prompt response. Please feel free to reach out to me directly at my phone number or email listed above.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]