Insurance Claim Request Notification

| Date: [Insert Date] |
|--|
| To: [Insurance Company Name] |
| Address: [Insurance Company Address] |
| Policy Number: [Insert Policy Number] |
| Claim Number: [Insert Claim Number] |
| Dear [Insurance Representative's Name], |
| I am writing to formally notify you of my intent to file a claim under my insurance policy with your company. The details of the incident are as follows: |
| Date of Incident: [Insert Date] Description of Incident: [Provide a brief description] Claim Amount: [Insert Amount] |
| Please find attached the necessary documents to support my claim: |
| [Document 1] [Document 2] [Document 3] |
| I would appreciate your prompt attention to this matter, and I look forward to your quick response regarding my claim. |
| Thank you for your assistance. |
| Sincerely, |
| [Your Name] |
| [Your Address] |
| [Your Phone Number] |
| |

[Your Email Address]