

Insurance Claim for Mobile Device Replacement

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear Claims Adjuster,

I am writing to formally submit a claim for the replacement of my mobile device, which was damaged/lost on [insert date of incident]. My policy number is [insert policy number].

Details of the Incident:

- Device Make & Model: [insert device make and model]
- Serial Number: [insert serial number]
- Incident Description: [briefly describe what happened]
- Date of Incident: [insert date]
- Location of Incident: [insert location]

I have attached the following documents to support my claim:

- Copy of my insurance policy
- Proof of purchase (receipt)
- Incident report (if applicable)
- Photographic evidence of damage (if applicable)

I appreciate your prompt attention to this matter and I look forward to your response.

Thank you for your assistance.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]