

# Supplemental Insurance Claim Documentation Request

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Request for Supplemental Insurance Claim Documentation

Dear [Claims Adjuster's Name],

I am writing to formally request documentation related to my supplemental insurance claim (Claim Number: [Insert Claim Number]) submitted on [Insert Submission Date]. As part of the claim review process, I would appreciate your assistance in providing the following information:

- Details regarding the processing of my claim
- Any additional forms or documentation required
- Estimated timelines for claim resolution

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]