

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to request an update on my accident insurance claim, [Claim Number], filed on [Date of Accident]. It has been [number of weeks/months] since I submitted the necessary documentation, and I would appreciate any information regarding the status of my claim.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]