

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Insurance Company Name  
Claims Department  
Company Address  
City, State, Zip Code

Dear Claims Adjuster,

I am writing to follow up on my insurance claim (Claim Number: XXXXXX) submitted on [Date of Original Submission]. As of today's date, I have not yet received the outstanding paperwork needed to process my claim.

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

Sincerely,  
Your Name