

# Insurance Claim Submission Checklist

Date: [Insert Date]

To: [Insurance Company Name]

From: [Your Name]

Address: [Your Address]

Policy Number: [Your Policy Number]

Claim Number: [Claim Number]

## Checklist for Submission

- Completed Claim Form
- Copy of the Insurance Policy
- Police Report (if applicable)
- Medical Reports and Bills (if applicable)
- Proof of Loss (e.g., receipts, photos)
- Witness Statements (if applicable)
- Any Additional Documentation as Required

Please ensure all required documents are included to expedite the processing of my claim. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]