

[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 Name],

I hope this letter finds you well. I am writing to request clarification regarding the accident claim procedure for my recent claim (Claim Number: [Claim Number]).

Specifically, I would like to understand the following:

- What documentation is required to support my claim?
- What is the timeline for the review process?
- Are there any specific forms that need to be completed?

I appreciate your assistance in this matter and look forward to your prompt response so that I can proceed accordingly.

Thank you for your attention to this matter.

Sincerely,

[Your Name]