

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I hope this message finds you well. I am writing to inquire about the documentation requirements for filing a claim regarding an accident that occurred on [insert date of accident].

To ensure that I provide all necessary information and expedite the claims process, could you please provide me with a list of required documents and any specific forms that need to be completed?

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

Sincerely,

[Your Name]