

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date: [Insert Date]

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

Dear Claims Department,

I am writing to inquire about the status of my insurance claim submitted on [Insert Claim Submission Date], with the claim number [Insert Claim Number]. I have not yet received any updates and would like to know the current status of the processing.

My policy number is [Insert Policy Number]. Please let me know if you require any additional information from my side to expedite the process. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this inquiry.

Sincerely,  
[Your Name]