Insurance Claim Reimbursement Request

Your Name

Your Address

Your City, State, Zip Code

Email: your.email@example.com

Phone: (123) 456-7890

Date: [Insert Date]

Insurance Company Name

Insurance Company's Address

City, State, Zip Code

Dear Claims Department,

I am writing to formally request reimbursement for accident-related expenses incurred on [Insert Date of Accident]. My policy number is [Insert Policy Number].

Details of the Incident:

- Date of Accident: [Insert Date]
- Location of Accident: [Insert Location]
- Description: [Briefly describe the accident]

Attached are the following documents to support my claim:

- Police Report
- Medical Bills
- Repair Estimates
- Receipts for all related costs

I would appreciate your prompt attention to this matter and look forward to your response. Should you require any further information, please do not hesitate to contact me at the number provided above.

Thank you for your assistance.

Sincerely,

[Your Name]