Demand Letter To Insurance Company

To

Signature

Insurance Policy File Number

To Whom It May Concern;						
Ι,	, am writing	to formally de	emand for my	insurance c	laim, with	file number
I experienced an accident on	. As	a result of thi	s incident, I ha	ave incurre	d significat	nt expenses
and losses. I have complied with all	policy requirement	ts, including ti	mely reporting	of the inci	dent and pr	roviding all
necessary documentation and info	ormation to suppor	rt my claim.	I delivered a	all necessa	ry docume	entation on
. My	bank	account	details	are	as	follows;
			·			
Within the framework of the provis	ions in my insuran	ce policy and	the applicable	law regard	ding the iss	sue, it is an
obligation of the Insurance Company	y to make payment	within	days a	fter this de	mand letter	•
I hereby declare that the information	n stated above is tru	ue to the best of	of my knowled	ge. I demar	nd immedia	ite payment
of	to cover the full extent of my losses. This amount reflects the actual costs					
incurred and is consistent with the te	erms of my insurance	ce policy.				
Please reach me at	or		if any	other infor	mation or d	document is
required.						
Sincerely,						
Sincercity,						
Demandant						
Name						
Date						



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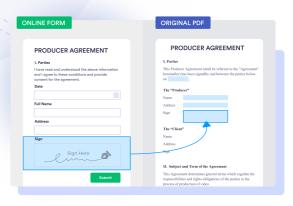
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