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	nsurance c	laim, with	file number
I experienced an accident on	. As a	a result of thi	s incident, I ha	ave incurre	d significat	nt expenses
and losses. I have complied with all	policy requirements	s, including ti	mely reporting	of the inci	dent and pr	roviding all
necessary documentation and info	ormation to suppor	t my claim.	I delivered a	ıll necessa	ry docume	entation on
. My	bank	account	details	are	as	follows;
			·			
Within the framework of the provis	sions in my insuranc	ce policy and	the applicable	law regard	ding the iss	sue, it is an
obligation of the Insurance Compan	y to make payment	within	days a	fter this de	mand letter	•
I hereby declare that the information	on stated above is tru	e 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 to	erms of my insuranc	e policy.				
Please reach me at	or		if any	other infor	mation or d	document is
required.						
Sincerely,						
Demandant						
Name						
Date						



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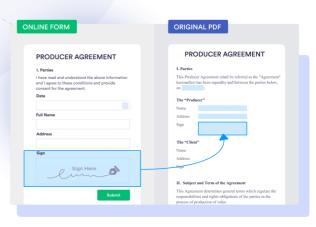
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