

INSURANCE CLAIM DEMAND LETTER

Claimant Name: _____

Claimant Address: _____

Insurance Company Name: _____

Policy Number: _____

Subject: Demand for Payment of Insurance Claim

To Whom It May Concern,

This letter serves as a formal demand for payment regarding the insurance claim submitted under the above-referenced policy number. The claim arises from a covered loss for which the undersigned claimant has duly notified and provided all requested documentation to the Insurance Company.

Pursuant to the terms and conditions of the insurance policy, the claimant hereby demands immediate payment of all benefits and amounts due as a result of the covered loss. All conditions precedent to coverage have been satisfied, and the Insurance Company has a clear duty to perform.

The claimant asserts that the loss is covered under the policy and that the amount of the claim is fair, reasonable, and supported by all relevant documentation, including but not limited to estimates, repair invoices, photographs, and professional appraisals.

Failure to promptly pay this claim may result in additional legal remedies, including but not limited to attorney fees, interest, and damages as permitted under applicable United States law.

Please treat this demand with the utmost urgency and provide confirmation of payment or any further requirements immediately.

If you require any additional information or documentation, kindly contact the undersigned without delay.

Thank you for your prompt attention to this important matter.

Claimant Contact Information:

Phone Number: _____

Email Address: _____

Declaration:

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief, and that this demand is made in good faith. I understand that providing false information may constitute insurance fraud and is punishable under applicable law.

Signature: _____

Printed Name: _____

CLAIMANT SIGNATURE

Signature: _____

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