Date: [Insert Date]

Claim Number: [Insert Claim Number]

Subject: Supplemental Claim Information and Instructions

Dear [Recipient Name],

We have received your request for a supplemental claim regarding [Description of Original Claim/Loss]. To process this request, please review the following information and instructions carefully.

1. Required Documentation

Please provide the following items to support your supplemental request:

- A detailed list of additional items or damages discovered.
- Itemized repair estimates from your contractor or service provider.
- Photographs or video evidence of the new damage.
- Proof of any out-of-pocket expenses incurred since the initial filing.

2. Submission Instructions

You may submit your documentation through one of the following methods:

- **Email:** [Insert Email Address]
- **Online Portal:** [Insert Website URL]
- **Mail:** [Insert Mailing Address]

3. Next Steps

Once we receive your documentation, a representative will review the file. We may schedule a follow-up inspection if necessary. You will be notified of our decision or if further information is required within [Insert Number] business days.

If you have any questions, please contact your adjuster, [Adjuster Name], at [Phone Number].

Sincerely,

[Your Name/Company Name]
[Department Name]
[Contact Information]