

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Status Update and Incident Report Request

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Loss: [Insert Date]
Insured: [Insert Your Company Name]

To Whom It May Concern,

I am writing to formally request a status update regarding the commercial liability claim referenced above. It has been [Number] days since our last communication, and we would like to stay informed on the progress of the investigation.

Please provide the following information at your earliest convenience:

- The current status of the claim (e.g., pending, under investigation, or closed).
- A copy of the formal incident report and any adjuster summaries completed to date.
- Details regarding any statements taken from involved parties or witnesses.
- An estimated timeline for the final resolution of this claim.

If there are any additional documents or information required from our side to expedite this process, please let us know immediately.

Thank you for your prompt attention to this matter. We look forward to receiving the requested documentation by [Insert Date].

Sincerely,

[Your Name]
[Your Title]
[Your Phone Number]
[Your Email Address]