

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

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

Subject: Request for Reinstatement of Coverage - Policy #[Your Policy Number]

Dear [Insurance Agent Name or Department Manager],

I am writing to formally request the reinstatement of full insurance coverage for my motorcycle, which was previously suspended or limited following a claim/accident on [Date of Incident].

Please be advised that all necessary repairs have been completed to restore the vehicle to its pre-loss condition. The repairs were performed by [Name of Repair Shop/Garage].

Vehicle Information:

- Year: [Year]
- Make: [Make]
- Model: [Model]
- VIN: [Vehicle Identification Number]

Attached to this letter, please find the following supporting documentation:

- A copy of the final repair invoice and proof of payment.
- Photographs of the motorcycle showing the completed repairs from multiple angles.
- [Optional: A safety inspection certificate or mechanic's statement].

I request that the comprehensive and collision coverages be reinstated effective as of [Requested Date]. Please confirm once the policy has been updated and if any further inspections are required by your company.

Thank you for your prompt attention to this matter. I look forward to receiving confirmation of coverage.

Sincerely,

[Your Signature]

[Your Printed Name]