Insurance Claim Delay Notification

Date: [Insert Date]

| To: [Recipient's Name] |
|---|
| [Recipient's Address] |
| Dear [Recipient's Name], |
| We are writing to inform you of a delay affecting your insurance claim payment associated with policy number [Policy Number]. Due to [reason for the delay], we are unable to process your claim as quickly as anticipated. |
| We understand that this may cause inconvenience, and we are actively working to resolve the situation. Our team is doing everything possible to expedite the review process and ensure that your claim is addressed promptly. |
| If you have any questions or require further assistance, please do not hesitate to contact us at [Contact Information]. |
| We appreciate your patience and understanding in this matter. |
| Sincerely, |
| [Your Name] |
| [Your Position] |
| [Company Name] |
| [Company Contact Information] |
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