

Claim Adjustment Notification

Date: [Insert Date]

Policyholder: [Insert Name]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Policyholder's Name],

We hope this message finds you well. We are writing to inform you about the adjustments made to your critical illness insurance claim submitted on [Insert Claim Submission Date]. After a thorough review of the information provided, we have determined that certain adjustments are necessary.

Adjustments Summary

- **Claim Amount:** [Original Amount] adjusted to [New Amount]
- **Reason for Adjustment:** [Brief Explanation]
- **Date of Adjustment:** [Insert Adjustment Date]

If you have any questions regarding this adjustment or wish to discuss the details, please do not hesitate to contact our claims department at [Insert Contact Number] or via email at [Insert Email Address].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]