

# Receipt Confirmation

Date: [Insert Date]

Claim Number: [Insert Claim Number]

To: [Claimant's Name]

Address: [Claimant's Address]

Dear [Claimant's Name],

We hereby confirm the receipt of your accident claim submitted on [Insert Submission Date]. This claim is currently under review, and we appreciate your patience during this process.

Attached to this confirmation are the details of your claim:

- Claim Number: [Insert Claim Number]
- Incident Date: [Insert Incident Date]
- Description of Incident: [Insert Description]

If you have any questions or require further information, please do not hesitate to contact our claims department at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Company Name]

[Your Name]

[Your Position]