

Verification of Cargo Insurance Claims

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

This letter serves as verification regarding the cargo insurance claims submitted by [Claimant's Name]. We have thoroughly reviewed the provided documentation and confirm that the claim is valid and corresponds with our policy terms.

Details of the claim are as follows:

- Claim Number: [Insert Claim Number]
- Policy Number: [Insert Policy Number]
- Date of Incident: [Insert Date]
- Description of Cargo: [Insert Description]
- Claim Amount: [Insert Claim Amount]

Please feel free to contact us should you require any additional information or clarification regarding this claim.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]