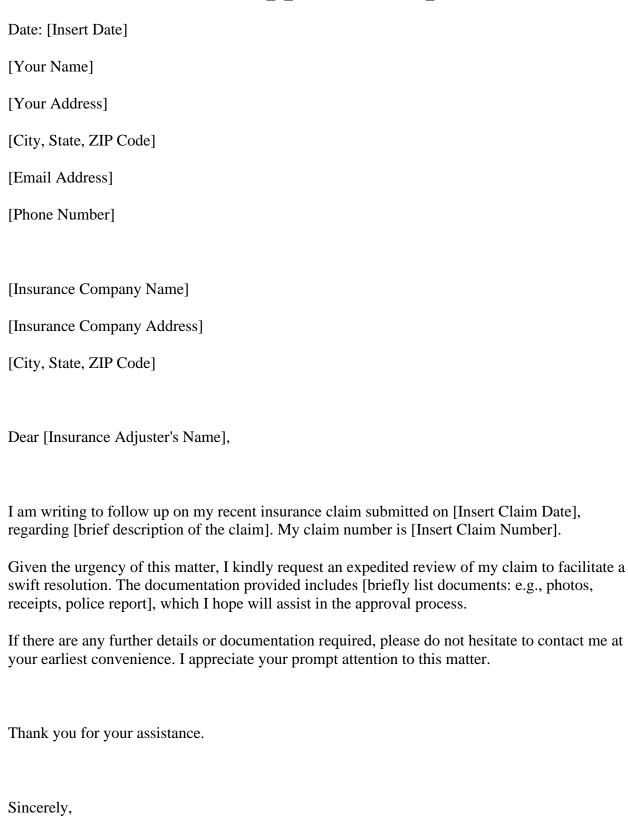
Insurance Claim Approval Request



[Your Name]