

# Compliance Request for Casualty Insurance Fraud Investigation

Date: [Insert Date]

[Your Name]  
[Your Position]  
[Your Company/Organization Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Recipient's Name]  
[Recipient's Position]  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Compliance Request for Casualty Insurance Fraud Investigation

We are reaching out to formally request your cooperation regarding an ongoing investigation into potential fraud related to casualty insurance claims. Our records indicate discrepancies that necessitate a thorough review.

We kindly request the following documentation and information:

- Claim files for policy numbers [list relevant policy numbers].
- All correspondence related to these claims.
- Any records of payments issued concerning these claims.
- Other pertinent documentation that may assist in the investigation.

Please provide the requested information by [Insert Deadline Date]. Your prompt response will greatly aid in ensuring a timely resolution to this matter.

Thank you for your attention to this request. Should you have any questions or require further assistance, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Position]

[Your Company/Organization Name]