

# Claim Confirmation for Personal Accident Insurance

Date: [Insert Date]

Claim Number: [Insert Claim Number]

Dear [Insured Person's Name],

We are writing to confirm the receipt of your personal accident insurance claim submitted on [Insert Submission Date]. We appreciate your timely submission of the relevant documentation.

Your claim is currently being processed, and our claims team is reviewing all provided information to ensure a comprehensive evaluation. We will keep you updated on the progress and aim to finalize the review within [Insert Time Frame].

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

Thank you for choosing [Insurance Company Name]. We value your trust and are here to support you.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Address]

[Contact Information]