# Insurance Claim Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

Subject: Confirmation of Insurance Claim for Liability Coverage

We are writing to confirm the receipt and registration of your insurance claim filed on [Insert Claim Date] regarding the incident that occurred on [Insert Incident Date].

Your claim reference number is [Insert Claim Number]. We have initiated the review process and are currently assessing the details surrounding your case.

Please ensure to provide any additional documentation or information that may assist in resolving your claim promptly. You can contact us at [Insert Contact Information] if you have any questions or need further assistance.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]