

Insurance Claim Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

Subject: Confirmation of Insurance Claim for Personal Injury - Claim Number: [Claim Number]

I am writing to confirm that my insurance claim regarding the personal injury sustained on [Date of Incident] has been received and is currently being processed. I appreciate your attention to this matter.

Please let me know if you require any additional information or documentation to expedite the processing of my claim.

Thank you for your assistance.

Sincerely,

[Your Name]