

Insurance Claim Confirmation

Date: [Insert Date]

Claim Number: [Insert Claim Number]

[Claimant's Name]

[Claimant's Address]

[City, State, Zip Code]

Dear [Claimant's Name],

We are writing to confirm the receipt of your insurance claim for theft/loss, filed on [Insert Date of Filing]. Your claim has been recorded and is currently under review.

Policy Number: [Insert Policy Number]

Details of the Incident: [Brief description of the theft/loss]

Please be aware that further documentation may be required to process your claim. Our claims adjuster will reach out to you shortly to provide guidance.

If you have any questions in the meantime, please feel free to contact our claims department at [Insert Phone Number] or [Insert Email Address].

Thank you for your patience during this process.

Sincerely,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]