

# Insurance Claim Confirmation Letter

Date: [Insert Date]

[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 concerning the vehicle accident that occurred on [Date of Accident]. Your claim number is [Claim Number].

Our claims department is currently reviewing the details of your claim. Please ensure that you have provided all necessary documentation, including:

- Police report
- Photos of the accident scene
- Medical reports (if applicable)
- Repair estimates

Should we require any additional information, we will reach out to you directly. You may also contact us at [Contact Information] for any inquiries related to your claim.

Thank you for your cooperation.

Sincerely,

[Insurance Company Name]

[Insurance Agent's Name]

[Title]