

Insurance Fraud Concern Notification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you of a concern regarding potential fraudulent activity related to your insurance policy number [Insert Policy Number]. Our records indicate some discrepancies that require your immediate attention.

To ensure the integrity of your coverage and protect your interests, we kindly ask that you provide the following documentation:

- [List of required documents]
- [List of required documents]
- [List of required documents]

Please submit the requested information by [Insert Deadline Date] to avoid any interruption in your coverage. If you suspect any fraudulent activity, please report it to us immediately at [Insert Contact Information].

Thank you for your prompt attention to this important matter. Should you have any questions or require further assistance, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]