

Insurance Indemnity Notification

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Policyholder Name],

We are writing to inform you about the recent assessment of your claim regarding the loss that occurred on [Insert Date of Loss]. Our team has completed the evaluation and we would like to provide you with the details of the indemnity process.

The loss assessment report indicates that the total loss is estimated at [Insert Amount]. We are committed to processing your claim in a timely manner and will be issuing an indemnity payment of [Insert Amount or Percentage] as per the terms of your policy.

Please ensure that you provide any outstanding documentation necessary for the completion of this process. Should you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]