

Insurance Indemnity Notification

Date: [Insert Date]

[Policyholder's Name]
[Policyholder's Address]
[City, State, Zip Code]

Dear [Policyholder's Name],

We are writing to inform you about the indemnity related to your insurance policy, under policy number [Insert Policy Number]. After reviewing your claim regarding [brief description of the claim], we would like to confirm the following details:

Indemnity Details

- Claim Amount: [Insert Amount]
- Coverage Period: [Insert Coverage Period]
- Effective Date of Indemnity: [Insert Effective Date]
- Payment Method: [Insert Payment Method]

If you have any questions or require further information, please do not hesitate to reach us at [Contact Information]. We are here to assist you.

Thank you for being a valued policyholder.

Sincerely,

[Your Name]
[Your Position]
[Insurance Company Name]
[Company Address]
[Phone Number]
[Email Address]