

Claim Receipt Confirmation

Date: [Date]

[Claimant's Name]

[Claimant's Address]

[City, State, Zip]

Dear [Claimant's Name],

We are writing to confirm the receipt of your insurance claim submitted on [Claim Submission Date] regarding policy number [Policy Number].

Your claim is currently under review, and we will keep you updated on its progress. If we require any further information, we will contact you directly.

Thank you for your patience during this process.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]