

Insurance Claim Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to confirm the receipt of my insurance claim submitted on [Insert Date of Submission], regarding [brief description of the claim]. Your claim reference number is [Insert Claim Number].

I would like to request an update on the status of my claim. Please let me know if you require any additional information or documentation to expedite the process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]