

[CONTACT NAME]
[ADDRESS 1]
[ADDRESS 2]
[POSTAL CODE/CITY/REGION]
[STATE]

Date:

Dear [CONTACT NAME],

RE: NOTICE OF INSURANCE CLAIM [POLICY NO.]

You are hereby notified that we have incurred a loss covered by insurance to which you are the underwriter. The claim information is as follows:

1. [TYPE OF LOSS / CLAIM]
2. [DATE INCURRED]
3. [LOCATION]
4. [ESTIMATED LOSS / CASUALTY]

Please forward a claim form or have an customer representative / agent / adjustor to call.

Sincerely,

[YOUR NAME]
[YOUR CONTACT NUMBER]
[YOUR EMAIL ADDRESS]