[DATE]

Contact Name

Address

Address2

City, State/Province

Zip/Postal Code

**RE: INSURANCE CLAIM NOTIFICATION**

Dear [CONTACT NAME],

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

l. Type of Loss or Claim:

2. Date Incurred:

3. Location:

4. Estimated Loss or Casualty:

Please forward a claim form or have an adjustor call.

Policy Number

Kind regards,

[YOUR NAME]

[YOUR TITLE]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]