[DATE]

[CONTACT’S NAME]

[STREET ADDRESS]

[CITY, STATE/PROVINCE]

[ZIP CODE]

Dear [CONTACT’S NAME],

This is to formally inform you that we have incurred a loss covered by the insurance to which you are the underwriter.

Please take note of the information of the said claim:

Type of Loss or Claim: [SPECIFY]

Date Incurred: [DATE]

Location: [ADDRESS]

Estimated Loss or Casualty: [SPECIFY]

We request for you to send us a claim form and have an adjustor call as soon as possible. Thank you.

POLICY NUMBER: [SPECIFY]

Best Regards,

[NAME]

[JOB TITLE] of [DEPARTMENT NAME]

[CONTACT NUMBER]

[EMAIL ADDRESS]