[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Acknowledgment of Claim - Claim Number: [Claim Number]

Dear [Recipient Name],

We have received your claim notification regarding [Brief Description of Incident] which occurred on [Date of Incident]. This letter confirms that your claim has been opened and assigned to an examiner for review.

Your Claim Details:

- Claim Number: [Claim Number]
- Date Filed: [Date]
- Assigned Adjuster: [Adjuster Name]
- Contact Phone: [Phone Number]

Next Steps and Instructions:

To ensure your claim is processed efficiently, please follow the instructions below:

1. **Documentation:** Please complete and return the enclosed forms by [Deadline Date].
2. **Evidence:** Submit any supporting documents, such as photos, receipts, or police reports, to [Email Address] referencing your claim number.
3. **Mitigation:** Take necessary steps to prevent further damage or loss, if applicable.
4. **Communication:** Please include your claim number on all future correspondence.

An adjuster will contact you within [Number] business days to discuss the next phases of the investigation. If you have immediate questions, please contact our office directly.

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]