

Date: [Insert Date]

To: [Investigating Officer/Department Name]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Official Suspicious Incident Report - Claim #[Insert Claim Number]

Dear [Name of Recipient],

This letter serves as a formal notification regarding a suspicious incident related to the following policy:

- **Policyholder Name:** [Insert Name]
- **Policy Number:** [Insert Number]
- **Date of Incident:** [Insert Date]
- **Location of Incident:** [Insert Location]

Description of Suspicious Activity:

[Provide a detailed, factual account of why the incident or claim is being flagged for investigation. Include any inconsistencies in statements, physical evidence, or documentation.]

Supporting Evidence Attached:

[List any attached files, such as photographs, witness statements, or prior claim history.]

We request that a formal investigation be initiated to verify the validity of this claim. Please acknowledge receipt of this report and provide an estimated timeline for your findings.

Should you require further information or access to original files, please contact me directly at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Job Title/Department]