

[Company Name]  
[Department Name]  
[Address]  
[City, State, Zip Code]

[Date]

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

Re: Notice of Claim Processing Delay  
Claim Number: [Claim Number]  
Date of Loss: [Date of Loss]

Dear [Claimant Name],

We are writing to provide you with an update regarding the status of your claim. We have not yet completed our investigation and evaluation of your file.

The processing of your claim has been delayed due to the following reason(s):

- [Insert specific reason, e.g., Awaiting medical records / Inspection pending / Verification of information]

We require an additional 30 days to complete our review. We are working diligently to resolve this matter as quickly as possible. If a decision is reached before the end of this 30-day period, we will notify you immediately.

If you have any additional information or documentation that may assist us in our review, please forward it to our office at your earliest convenience.

Thank you for your patience and cooperation.

Sincerely,

[Adjuster Name]  
[Title]  
[Phone Number]  
[Email Address]