

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

**RE: Notice of Claim Denial**

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Incident]

Dear [Policyholder Name],

We have received and reviewed your claim filed on [Date Claim Filed] regarding the incident that occurred on [Date of Incident].

After a thorough review of your account, we regret to inform you that your claim has been denied. This decision was made because the insurance policy was not active at the time of the loss. Our records indicate that your coverage lapsed on [Date Coverage Ended] due to [Reason for Lapse, e.g., Non-payment of premium].

Since the policy was not in force on the date the loss occurred, we are unable to provide coverage or reimbursement for this claim.

If you believe this information is incorrect or if you have proof of payment that shows the policy was active on the date of loss, please submit your documentation to our appeals department at [Email/Address] within [Number] days.

If you wish to discuss reinstating your policy for future coverage, please contact our customer service department at [Phone Number].

Sincerely,

[Sender Name]

[Company Name]

[Phone Number]