DATE: [Current Date]

TO:
[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Claim Investigation
Policy Number: [Policy Number]
Claim Number: [Claim Number]
Date of Loss: [Date of Incident]

Dear [Policyholder Name],

This letter serves as formal notification that [Insurance Company Name] is currently conducting a formal investigation into the insurance claim referenced above.

During our routine review process, certain inconsistencies were identified regarding the documentation and details provided in support of this claim. As a result, this file has been referred to our Special Investigations Unit (SIU) to verify the validity of the information provided and to screen for potential fraudulent activity.

Please be advised that providing false, incomplete, or misleading information in furtherance of an insurance claim is a serious matter and may constitute insurance fraud under state law.

Status of Claim:
Processing of this claim is currently suspended pending the outcome of this investigation. No payment will be issued at this time. We may require additional documentation, recorded statements, or an Examination Under Oath (EUO) as part of this process.

Next Steps:
An investigator may contact you shortly to request further information. You are required to cooperate fully with this investigation as per the terms and conditions of your insurance policy.

If you have any questions regarding this notice, please contact the Special Investigations Department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Investigator Name]
[Title]
[Insurance Company Name]
[Department Name]