Date: [Insert Date]

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

Subject: Notice of Claim Suspension and Investigation

Claim Number: [Insert Claim Number]
Date of Loss/Incident: [Insert Date]

Dear [Claimant Name],

This letter is to formally notify you that the processing of your claim referenced above has been suspended effective immediately. This action has been taken pending the results of a formal investigation into potential irregularities or inconsistencies identified during the initial review of your filing.

Under the terms of your policy and governing regulations, we are conducting a thorough review to verify the validity of the information provided. Specifically, the investigation will focus on:

- [Insert specific reason/area of concern, e.g., documentation authenticity]
- [Insert specific reason/area of concern, e.g., circumstances of the loss]

Please be advised that no further payments or determinations will be made until this investigation is concluded. We may require additional documentation or a statement from you during this period. We will notify you in writing of our final determination once the review is complete.

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

If you have any questions regarding this notice, you may contact the Investigation Department at [Insert Phone Number].

Sincerely,

[Your Name/Department Name]
[Company Name]