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

[Date]

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

RE: Claim Number: [Insert Claim Number]
Date of Incident: [Insert Date]

Dear [Recipient Name],

We are currently reviewing the claim referenced above. To ensure an accurate and thorough assessment, we require additional documentation to verify the details provided in your submission.

Please provide the following documents within [Number] business days:

- [Specific Document 1, e.g., Original itemized receipts]
- [Specific Document 2, e.g., Notarized statement of events]
- [Specific Document 3, e.g., Proof of ownership or photographs]
- [Specific Document 4, e.g., Valid government-issued identification]

Please be advised that the processing of your claim will be placed on hold until all requested information is received and verified. Failure to provide this documentation may result in the denial of your claim.

You may submit these documents via [Method: Email/Portal/Mail]. Please include your claim number on all correspondence.

If you have any questions regarding this request, you may contact our investigations department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]
[Your Job Title]
[Your Company Name]