[Your Company Name/Letterhead]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Re: Notice of Investigation and Reservation of Rights
Claim Number: [Claim Number]
Date of Loss: [Date]

Dear [Recipient Name],

We are writing to acknowledge receipt of the above-referenced claim. Please be advised that [Company Name] is currently conducting a formal investigation into the facts and circumstances surrounding this matter.

Our preliminary review has identified inconsistencies regarding [mention specific area, e.g., documentation provided/reported facts/valuation]. As a result, this claim has been referred to our Special Investigations Unit (SIU) to verify the authenticity and validity of the information submitted.

Reservation of Rights
Please be informed that [Company Name] is investigating this claim under a full Reservation of Rights. This means that while we are evaluating the claim, we are not waiving any terms, conditions, exclusions, or defenses available under the policy or applicable law. No action taken by our representatives during this investigation should be construed as an admission of liability or an agreement to pay this claim.

Information Request
To assist in our investigation, we require the following documentation within [Number] days:

- [Item 1]
- [Item 2]
- [Item 3]

Failure to cooperate with this investigation or providing false, incomplete, or misleading information may result in the denial of your claim and may be subject to further legal action or reporting to state regulatory authorities.

We will notify you in writing once our investigation is complete and a final determination has been made.

Sincerely,

[Signature]
[Name of Adjuster/Investigator]
[Title]
[Department]