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

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

RE: Notice of Investigation regarding Claim Number: [Insert Claim Number]

Dear [Claimant Name],

We are writing to acknowledge receipt of your liability claim filed on [Date of Claim Filing] regarding the incident alleged to have occurred on [Date of Incident] at [Location].

Please be advised that [Your Company Name] is currently conducting a formal investigation into the circumstances surrounding this claim. As part of our standard verification process, we are reviewing all documentation, witness statements, and physical evidence related to the matter.

At this time, we have identified inconsistencies that require further clarification. Consequently, your claim has been referred to our Special Investigations Unit (SIU) for a comprehensive review to determine the validity of the liability and the damages reported.

To assist us in completing this investigation, please provide the following information by [Deadline Date]:

- [Required Document 1]
- [Required Document 2]
- [Request for recorded statement/interview]

Please note that any person who knowingly and with intent to defraud an insurance company files a statement of claim containing any false, incomplete, or misleading information may be subject to prosecution and civil penalties.

We will notify you in writing once our investigation is complete and a final determination has been made. If you have any questions, you may contact the undersigned directly at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]