[Date]

[Claimant Name]
[Address Line 1]
[Address Line 2]

Re: Notice of Claim Closure

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

Dear [Claimant Name],

We are writing to notify you that we have closed your claim file effective [Date].

This decision was made because we have not received a response to our previous attempts to contact you. Our records indicate that we reached out to you via [phone/email/mail] on [Date of first attempt] and [Date of second attempt] regarding [specific information or documents needed]. To date, we have not received the necessary information to proceed with the evaluation of your claim.

As a result of this inactivity, your claim is now considered withdrawn. No further action will be taken on this file at this time.

Please note that this closure does not necessarily waive any legal rights you may have, but you should be aware of the applicable statute of limitations that may govern your ability to pursue this claim in the future.

If you wish to reopen this claim, please contact us immediately at [Phone Number] or [Email Address] and provide the requested information.

Sincerely,

[Your Name/Adjuster Name]
[Company Name]
[Contact Information]