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

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

RE: Notice of Claim Deactivation
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]

Dear [Policyholder Name],

This letter is to inform you that we have deactivated the above-referenced insurance claim due to inactivity. We have not received any communication or documentation from you regarding this matter since [Date of Last Contact].

As a result of this inactivity, we have closed our current file. No further action will be taken on this claim at this time.

If you wish to pursue this claim, please contact us immediately to provide the necessary information. Please be aware that your policy contains specific time limits for reporting and processing claims. Failure to act within these timeframes may affect your eligibility for coverage.

If you have any questions or believe this deactivation is in error, please contact your claims adjuster, [Adjuster Name], at [Phone Number] or [Email Address].

Sincerely,

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