[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Claim Closure due to Inactivity

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]

Dear [Policyholder Name],

We are writing to inform you that we have closed the above-referenced claim file in our records. This action has been taken because there has been no activity or communication regarding this matter for the past [Number] days.

If you have outstanding expenses, additional documentation, or still intend to pursue this claim, please contact your claims adjuster immediately. We are happy to reopen the file and continue the evaluation process upon receipt of the necessary information.

Please note that the closure of this file is subject to the statutes of limitation and the terms and conditions outlined in your insurance policy. If we do not hear from you within [Number] days of this notice, the closure will be considered final.

You may reach us at [Phone Number] or via email at [Email Address] between the hours of [Operating Hours].

Sincerely,

[Adjuster Name]
[Title]
[Agency Name]