[Your Name/Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Recipient Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Claim Closure
Claim Number: [Insert Claim Number]
Date of Incident: [Insert Date]

Dear [Recipient Name],

We are writing to formally notify you that we have closed your claim file regarding the matter referenced above. This decision has been made due to a lack of communication and necessary documentation from your side.

We previously attempted to contact you on [Date of Last Contact] and [Date of Follow-up] requesting [Specific Information/Documents]. As we have not received a response or the requested information, we are unable to proceed with the evaluation or processing of your claim at this time.

Please note that this closure is based on the current inactivity of the file. If you wish to pursue this claim in the future, please contact us immediately. However, be advised that any future actions remain subject to the terms of your policy and applicable statutes of limitations.

If you have any questions regarding this notice, you may contact me directly at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Job Title]