Subject: Notice of Claim Abandonment and Case Closure

Date: [Date]

To: [Recipient Name/Insurance Company]
Address: [Recipient Address]
Claim Number: [Claim Number]
Policy Number: [Policy Number, if applicable]

Dear [Contact Person Name],

I am writing to formally notify you that I am abandoning the above-referenced claim, effective immediately.

After further consideration, I have decided not to pursue this matter any further. Please update your records to reflect that this claim is now withdrawn. I request that you process the final closure of this file and cease all further investigations or correspondence regarding this specific incident.

I understand that by abandoning this claim, I am forfeiting any potential settlement or reimbursement related to this filing.

Please provide written confirmation that this claim has been officially closed in your system.

Sincerely,

[Your Name]
[Your Phone Number]
[Your Email Address]