

[Your Company Name]  
[Department Name]  
[Address Line 1]  
[Address Line 2]  
[Date]

[Policyholder Name]  
[Address Line 1]  
[Address Line 2]

**Subject: Feedback Request - Claim Number: [Claim Number]**

Dear [Policyholder Name],

Our records indicate that your recent insurance claim regarding [Brief Description of Claim] has been finalized. At [Your Company Name], we strive to provide efficient and supportive service during the claims process.

We would appreciate it if you could take a few moments to evaluate your experience. Your feedback helps us improve our services for all policyholders. Please consider the following aspects of your experience:

- The ease of filing your initial claim.
- The clarity of communication from our claims adjusters.
- The timeliness of the claim resolution.
- Your overall satisfaction with the settlement.

You can provide your feedback by [Link to Online Survey / Calling Phone Number / Replying to this Letter].

If you have any outstanding questions regarding your claim or your policy, please contact your representative at [Phone Number] or via email at [Email Address].

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name/Signature]  
[Title]  
[Your Company Name]