

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

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Claim Number and Insured Party Identification

To Whom It May Concern,

I am writing regarding the insurance claim filed on [Date of Incident]. Please find the necessary identification details below to ensure this correspondence is filed correctly with my account:

- **Claim Number:** [Insert Claim Number]
- **Policy Number:** [Insert Policy Number]
- **Insured Party Name:** [Full Name of Policy Holder]
- **Date of Birth:** [Date of Birth]
- **Date of Loss/Incident:** [Date]

Please use the claim number referenced above for all future communications and documentation regarding this matter. If you require any additional identification or have questions regarding this claim, please contact me directly at [Your Phone Number].

Sincerely,

[Signature]
[Your Printed Name]