

YOUR COMPANY LETTERHEAD

ADDRESS
FAX
PHONE

POLICYHOLDER NAME
ADDRESS

TO WHOM IT MAY CONCERN:

This is to verify that **JOHN SMITH** carried vehicle insurance with **ABC INSURANCE LIMITED** under policy number **ABC123**.

Automobile insurance has been in force from **(dd, mm, yyyy)** to **(dd, mm, yyyy)**.

Automobile insurance has been in force for named Drivers (if any): **MARY SMITH** from **(dd, mm, yyyy)** to **(dd, mm, yyyy)**.

The following Third Party and/or Collision claims have been paid and/or are outstanding:

DATE OF LOSS	CLAIM NUMBER	TYPE OF LOSS	TOTAL AMOUNT	DRIVER

SIGNATURE
NAME
POSITION
TELEPHONE NUMBER
FAX NUMBER
E-MAIL ADDRESS

CLAIM HISTORY LETTER

**** **SAMPLE** ****