

# YOUR COMPANY LETTERHEAD

ADDRESS  
FAX  
PHONE

POLICY HOLDER 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 \*\*\*\*