

Digital Assurance Solutions Inc.  
1234 Digital Way, New City, Country  
Email: claims@digitalassure.com | Phone: +1 234-567-8900

**Date:** 2024-06-12

**Claim Reference No.:** XXXXXX

## Electronic Loss Notification Letter

**Policyholder Name:** John Doe  
**Policy Number:** DI-87654321  
**Contact Information:** john.doe@email.com | +1 111-222-3333

**Date of Loss/Incident:** 2024-06-10  
**Location of Incident:** 789 Modern Ave, New City, Country

### Description of Loss/Incident:

On June 10, 2024, at approximately 2:00 PM, a water leakage occurred from a broken pipe on the second floor of my residence, causing significant damage to electronics and furniture in the living area. The event was discovered immediately, and initial containment was attempted. Attached are photo evidences and repair estimates for your review.

**Estimated Loss Amount:** \$5,200  
**Supporting Documents:** - Photographs of Damage  
- Repair Estimate  
- Police Report (if applicable)

**Preferred Communication:** Email

Sincerely,

John Doe  
Policyholder

### Important Notes:

- This document serves as official notification of loss to your digital insurer.
- Ensure all supporting evidence is attached for timely processing.
- Details provided must be accurate and correspond to policy records.
- For any updates or changes, contact your insurer promptly.
- Retain a copy of this letter and submitted documents for your records.