

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.