

# YOUR COMPANY LETTERHEAD

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 **01JAN89 TO 31DEC91** and was rated **SIX STAR** when we took this customer on risk.

Rating Code: **SIX STAR** represents **FIVE OR MORE YEARS** claim free.

Named Drivers (if any): **MARY SMITH**

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

**CLAIM HISTORY LETTER**

\*\*\*\* **SAMPLE** \*\*\*\*