[Your Name/Department]
[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Address Line 1]
[City, State, Zip Code]

RE: Notice of Partial Claim Settlement and Investigation Findings
Claim Number: [Insert Claim Number]
Date of Loss: [Insert Date]

Dear [Recipient Name],

We are writing to inform you of the conclusion of our investigation regarding the insurance claim referenced above. Based on our findings, we have reached a decision for a partial settlement of your claim.

Our investigation, which included a review of [mention evidence, e.g., site inspections, documentation, or witness statements], has identified discrepancies concerning [mention specific portion of the claim, e.g., specific items or alleged damages]. Specifically, our findings indicate that [insert brief, factual reason for denial of specific parts, e.g., the damages were pre-existing or documentation provided was inconsistent].

Settlement Details:

- **Approved Amount:** $[Amount]
- **Approved Items:** [List approved items/repairs]
- **Denied Amount:** $[Amount]
- **Reason for Partial Denial:** [Insert specific findings related to fraud or lack of proof]

Payment for the approved portion of your claim is [enclosed / being processed via electronic transfer]. By accepting this partial payment, you acknowledge the resolution of the undisputed portions of this claim.

If you have additional information or documentation that you believe would rectify the discrepancies identified in our investigation, you may submit them for reconsideration within [Number] days of the date of this letter.

Please be advised that [Company Name] reserves the right to pursue further action or refer this matter to the appropriate regulatory authorities if additional evidence of misrepresentation is discovered.

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]