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Sender's Address

Sender's Email Address

Date

Name of the Receiver

Address of the Receiver

RE: Letter of Representation to the Insurance Company

Our Client: Please input the name of the client

Claim No.: Please input the policy claim number

Date of Injury: Please input the date of the accident/ incident

Policy Holder: Please input the name of the policyholder

Dear Mr.ABC,

XYZ Firm has been retained to represent the interest of \_\_\_\_\_, who has incurred multiple injuries as a result of the car accident with your insured. The injuries incurred by my client include leg fracture, broken wrist, and many facial and tooth injuries. The accident took place on (Please input date of accident) at (Please input accident location). This letter serves the purpose to notify you that my client has a claim against the fault of the driver, who is an insured client by your company.

On behalf of our client, we request you kindly provide complete insurance details of policies issued to your client. The details of all the policies issued to the policyholder, coverage areas, and limits of coverage covered in the policy.

We trust and believe that your company will provide the mentioned information within the statutory period. Kindly be noted that your insurance company does not have permission to contact our clients directly. Please contact our firm at your earliest convenience in case your insurance company needs anything further information.

Sincerely,

(Signature)

Sender's Full Name