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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,

Please be advised that our firm represents our client (Name of client), injured with the broken tooth, fractured wrist, and other injuries as a result of an automobile accident with your insured. Concerning this, we would like to inform you that your client is involved in a motor vehicle accident that occurred at (Name of accident place) on (Date of accident).

As soon as all the reports and medical bills of my client will be available to us, our firm will forward them to you. We will keep you posted on all significant information.

Kindly inform us of your insured motorcar policy limits and coverage. We request you to please send us an application for benefits that are covered in the policy claim.

Please be noted to direct all correspondence with our client to our office address. In case of further questions or concerns, kindly contact us as the earliest.

Sincerely,

(Signature)

Sender's Full Name