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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,

This letter has a purpose to request your insurance company to provide us information regarding the claim settlement related to our client (name of client). This is about the accident that occurred on (Date of accident) at (Name of accident location). We have provided you all the medical reports and bills related to the accident but the claim has been rejected by your insurance company. So, we request you to provide the exact policy that your company is relying on to reject my client's claim.

We would like to thank you in advance for your prompt action towards this letter.

Sincerely,

(Signature)

Sender's Full Name