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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,

Our firm named XYZ represents Mr.ABC (name of our client) in connection with injuries that occurred in a road accident. The accident happened on (Date of accident). We request you to please forward my client's vehicle policy details and coverage to our firm. Our client has suffered various injuries including head trauma, and a broken wrist from the crash.

We request you to please inform us of the medical payment benefits which are available for our client, and please forward the necessary Application for Benefits. Also, let us know our client's insurance policy limits. We will also forward you all the medical bills and reports of my client.

Kindly contact me if you have any further questions regarding the claim settlement.

Sincerely,

(Signature)

Sender's Full Name