



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 firm XYZ represents the interest of my client, _____, in connection with several injuries that occurred in an accident that happened on _____ at _____ by your insurance holder. The accident happened by a heavy goods vehicle owned by your insurance client.

With this letter, we are informing your company on notice that the claim needs to be settled made on behalf of our clients. Please provide insurance coverage limits and details. As a result of the accident, our client is currently hospitalized and undergoing medical treatment in (Name of the hospital). We will shortly provide all the related medical reports and bills.

Kindly contact our firm for any further claim-related issues and questions.

Sincerely,

(Signature)

Sender's Full Name