

[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Notice of Representation and Formal UM Claim

Insured: [Client Name]
Policy Number: [Policy Number]
Claim Number: [Claim Number (if known)]
Date of Loss: [Date of Accident]

To Whom It May Concern:

Please be advised that this office represents [Client Name] regarding injuries sustained in a motor vehicle accident involving an uninsured motorist on the date referenced above.

This letter serves as formal notice of a claim for Uninsured Motorist (UM) benefits under the above-referenced policy. We have determined that the adverse driver was uninsured at the time of the loss.

Please direct all future communication regarding this matter to my office. Do not contact our client directly. We request that you provide the following information within [Number] days:

- A complete copy of the declarations page for the applicable policy period.
- Confirmation of the available Uninsured Motorist coverage limits.
- A copy of any recorded statements previously taken from our client.

Please acknowledge receipt of this representation and the opening of this UM claim in writing.

Sincerely,

[Your Signature]
[Your Printed Name]