

[Adjuster Name]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Policyholder Name]
[Address]
[City, State, Zip Code]

Subject: Introduction Regarding Claim Number: [Claim Number]

Dear [Policyholder Name],

My name is [Adjuster Name], and I have been assigned as the claims adjuster for your recent automobile accident involving your [Year, Make, and Model of Vehicle] which occurred on [Date of Loss].

My role is to investigate the details of the incident, evaluate the damages, and assist you through the settlement process. To begin the evaluation, I will need to perform the following steps:

- Review the police report and any witness statements.
- Obtain a detailed statement from you regarding the events.
- Arrange for a professional inspection of your vehicle's damage.
- Verify coverage under your existing policy.

If you have already obtained repair estimates or have photos of the scene, please forward them to me at [Email Address].

Please contact me at your earliest convenience at [Phone Number] so we can discuss the next steps. I am available [Days of week] between [Hours of operation].

We appreciate your patience as we work to resolve this matter quickly and fairly.

Sincerely,

[Adjuster Signature]

[Adjuster Name]
[Insurance Company Name]