

[Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Claim Assignment

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]

Dear [Insured Name],

My name is [Adjuster Name], and I have been assigned as your dedicated Claim Adjuster at [Insurance Company Name]. I will be handling the investigation and processing of your recent insurance claim.

I am currently reviewing the details of your file. My goal is to ensure your claim is handled efficiently and fairly. I will contact you shortly to discuss the next steps, which may include a request for additional documentation or a physical inspection of the property/vehicle.

In the meantime, if you have any questions or have urgent information to share, please feel free to reach out to me directly using the contact information provided below:

Phone: [Adjuster Phone Number]
Email: [Adjuster Email Address]
Office Hours: [Business Hours]

When contacting me, please have your claim number ([Claim Number]) ready so that I can assist you as quickly as possible.

We appreciate your patience during this process and look forward to working with you.

Sincerely,

[Adjuster Signature]
[Adjuster Printed Name]
[Insurance Company Name]