

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

[Date]

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

Re: Notice of Assignment and Contact Information

Claim Number: [Insert Claim Number]

Policy Number: [Insert Policy Number]

Date of Loss: [Insert Date of Loss]

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] has assigned [Your Name/Adjusting Firm Name] as the independent claims adjusters to assist in the evaluation of your recent insurance claim.

My role is to inspect the damages, gather necessary documentation, and report my findings back to the insurance company for their final review and determination.

I will be your primary point of contact during the field investigation process. You may reach me directly using the information below:

Adjuster Name: [Adjuster Name]
Phone Number: [Adjuster Phone Number]
Email Address: [Adjuster Email Address]

I would like to schedule an inspection of your property. Please contact me at your earliest convenience to arrange a date and time that works for you. If you have already been contacted to schedule this inspection, please disregard this request.

In preparation for our meeting, please have any relevant documentation ready, such as repair estimates, photos of the damage, or inventories of damaged personal property.

I look forward to working with you to resolve this matter promptly.

Sincerely,

[Your Signature]
[Your Printed Name]
Independent Claims Adjuster