

[Date]

[Claimant Name]

[Claimant Address]

[City, State, Zip Code]

Re: Notice of Investigation - Bodily Injury Claim

Claim Number: [Claim Number]

Date of Loss: [Date of Accident]

Our Insured: [Policyholder Name]

Dear [Claimant Name],

We have received notice of a claim for personal injuries resulting from an incident on the date referenced above. [Insurance Company Name] is the liability carrier for [Policyholder Name].

We are currently initiating an investigation into the facts of this occurrence to determine liability and evaluate the extent of your alleged injuries. This letter is an acknowledgement of your claim and does not constitute an admission of liability or a promise of payment at this time.

To assist us with our review, please provide the following information as soon as it becomes available:

- A detailed description of the incident.
- Names and contact information for any witnesses.
- Copies of medical records and itemized billing statements related to your treatment.
- Documentation of any lost wages, if applicable.

Attached to this letter, you will find a Medical Authorization form. Please sign and return this document so that we may verify the medical treatment related to this claim.

Please direct all future correspondence regarding this matter to my attention. If you have retained legal counsel, please have your attorney contact us directly.

Sincerely,

[Adjuster Name]

[Title]

[Insurance Company Name]

[Phone Number]

[Email Address]