

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

[Date]

[Recipient Name/Insurance Company Name]
[Recipient Address]
[City, State, Zip Code]

Re: Notice of Uninsured Motorist Claim Investigation

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Incident: [Date of Accident]
Insured Party: [Insured Name]

Dear [Contact Person Name],

This letter serves as formal notice that we are initiating an investigation into an Uninsured Motorist (UM) claim arising from the motor vehicle accident that occurred on [Date of Accident] at [Location of Accident].

Preliminary reports indicate that the adverse driver, [Name of Adverse Driver], was operating a [Year/Make/Model of Vehicle] and was uninsured at the time of the loss. Consequently, we are proceeding with a claim under the Uninsured Motorist provisions of the above-referenced policy.

As part of our investigation, we will be reviewing the following:

- Official police and accident reports.
- Verification of the adverse driver's insurance status.
- Statements from involved parties and witnesses.
- Medical records and bills related to injuries sustained.
- Documentation regarding property damage.

Please provide a copy of the Declarations Page for the policy in effect on the date of the loss to confirm coverage limits. Additionally, if there are any specific forms or authorizations required by your office to facilitate this investigation, please forward them to us immediately.

We look forward to your cooperation in resolving this matter promptly. If you have any questions or require further information, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Capacity]