**Date:** [Date]

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

Dear [Policyholder Name],

My name is [Adjuster Name] and I have been assigned as the Field Adjuster to inspect the damages reported at your property located at [Property Address].

The purpose of this inspection is to document the extent of the damage and gather the necessary information to process your claim. I have scheduled your inspection for the following time:

**Appointment Date:** [Appointment Date]
**Estimated Arrival Window:** [Start Time] - [End Time]

Please ensure that an adult (18 years or older) is present during the inspection and that all damaged areas are accessible. If you have any receipts, repair estimates, or photos of the damage, please have them ready to share.

If you need to reschedule or if you have any questions before my arrival, please contact me directly at [Adjuster Phone Number] or via email at [Adjuster Email].

Thank you for your cooperation.

Sincerely,

[Adjuster Name]
[Insurance Company Name]
[Department]