Date: [Date]

Subject: Inspection Appointment for Claim #[Claim Number]
Policyholder: [Policyholder Name]
Vehicle: [Year, Make, Model]

Dear [Customer Name],

This letter is to confirm your vehicle inspection appointment with [Insurance Company Name]. A Field Adjuster has been assigned to assess the damage to your vehicle.

Appointment Details:

- **Date:** [Date of Appointment]
- **Estimated Time:** [Time Window]
- **Location:** [Address or Shop Name]
- **Adjuster Name:** [Adjuster Name]
- **Adjuster Phone:** [Phone Number]

Instructions for Inspection:

- Please ensure the vehicle is clean and parked in a well-lit area with sufficient space for the adjuster to walk around it.
- Have your keys available so the adjuster can check the mileage and dashboard lights.
- If you have any prior repair estimates or photos from the scene of the accident, please have them ready.

If you need to reschedule or have any questions, please contact your adjuster directly at the number listed above or call our claims department at [Company Phone Number].

Thank you for your cooperation.

Sincerely,

[Adjuster Name/Claims Department]
[Insurance Company Name]