[Date]

[Claimant/Insured Name]
[Address Line 1]
[Address Line 2]

Subject: Inspection Appointment for Claim Number: [Claim Number]

Dear [Name],

This letter is to confirm the scheduled inspection regarding the liability claim referenced above. A field adjuster has been assigned to assess the [property/vehicle/site] and gather necessary information related to this incident.

The appointment is scheduled as follows:

Date: [Date of Inspection]
Time: [Time of Inspection]
Location: [Full Address of Inspection Site]
Adjuster Name: [Adjuster Name]
Adjuster Phone: [Adjuster Phone Number]

Please ensure that an authorized adult is present to provide access to the site. The inspection will include taking photographs and documenting the conditions relevant to the claim. We estimate the process will take approximately [Estimated Time] minutes.

If you need to reschedule or have any questions regarding this appointment, please contact us at [Phone Number] or [Email Address] as soon as possible.

Thank you for your cooperation in this matter.

Sincerely,

[Your Name]
[Your Title]
[Company Name]