[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Notice of Representation and Claim for Uninsured Motorist Benefits

Our Client: [Client Name]
Your Insured: [Policy Holder Name]
Policy Number: [Policy Number]
Claim Number: [Claim Number (if known)]
Date of Loss: [Date of Accident]

To Whom It May Concern:

Please be advised that this office has been retained to represent [Client Name] in connection with injuries sustained in a motor vehicle accident that occurred on [Date of Accident] at [Location of Accident].

Based on our preliminary investigation, the adverse driver was uninsured at the time of the loss. Therefore, we are hereby placing you on notice of an Uninsured Motorist (UM) claim under the above-referenced policy.

Please direct all future communications regarding this matter to my office. Do not contact our client directly.

By return mail, please provide the following information:

- A formal acknowledgement of this claim;
- A certified copy of the declarations page and policy language in effect on the date of loss;
- Confirmation of the applicable Uninsured Motorist coverage limits.

We are currently gathering medical records and billing statements and will forward a formal settlement demand once our client's medical treatment is complete. In the meantime, please provide any necessary claim forms or applications for benefits (such as PIP or MedPay) that may be applicable.

Thank you for your cooperation in this matter.

Sincerely,

[Attorney Name]
[Law Firm Name]