[Attorney Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

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

RE: NOTICE OF REPRESENTATION

Claim Number: [Claim Number]
Our Client/Insured: [Client Name]
Your Insured: [Defendant Name]
Date of Loss: [Date of Accident]
Location: [Location of Accident]

To Whom It May Concern,

Please be advised that this office has been retained to represent [Client Name] in connection with the personal injuries and/or property damage sustained in the above-referenced automobile accident.

We request that all future communication regarding this matter be directed to our office. Please refrain from contacting our client directly, whether in writing or by telephone.

Kindly provide us with the following information at your earliest convenience:

- Confirmation of your insured's policy limits (Bodily Injury and Property Damage).
- A copy of any recorded statements taken from our client.
- Any relevant documents or correspondence regarding this claim.

We are currently investigating the facts of the accident and evaluating our client's damages. We will forward a formal settlement demand once our client's medical treatment is complete and all supporting documentation has been gathered.

Please acknowledge receipt of this letter in writing. Thank you for your cooperation.

Sincerely,

[Attorney Signature]
[Attorney Name]