Date: [Date]

TO: [Insurance Company Name]
ATTN: [Claims Department / Adjuster Name]
ADDRESS: [Insurance Company Address]

RE: Notice of Representation

Claim Number: [Claim Number, if known]
Your Insured: [Name of At-Fault Party]
Date of Loss: [Date of Incident]
Our Client: [Your Name / Client Name]

To Whom It May Concern,

Please be advised that this office represents [Client Name] regarding the personal injuries and/or property damages sustained as a result of the incident involving your insured on the date mentioned above.

We kindly request that all future communication regarding this claim be directed to our office. Please instruct your adjusters and representatives to refrain from contacting our client directly.

At this time, we request that you provide us with a copy of the following information:

- The applicable insurance policy limits for this claim.
- Any recorded statements previously taken from our client.
- Confirmation of your insured's coverage status for this incident.

We are currently investigating the full extent of our client's damages. Once our investigation is complete and medical treatment has concluded, we will forward a formal settlement demand for your review.

Please acknowledge receipt of this letter in writing.

Sincerely,

[Your Signature]
[Your Printed Name]
[Law Firm Name / Your Company Name]
[Phone Number]
[Email Address]