

[Your Name/Law Firm Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Claims Department]
[Address Line 1]
[Address Line 2]

RE: Letter of Representation

Claimant: [Client Full Name]
Claim Number: [Claim Number]
Date of Loss: [Date of Incident/Injury]
Insured Party: [Name of At-Fault Party]

To Whom It May Concern,

Please be advised that this office represents [Client Full Name] regarding personal injuries sustained in the above-referenced incident.

All future contact and correspondence regarding this claim should be directed to this office. Please do not contact our client directly, either in writing or by telephone. If you have already contacted our client, please cease further communication and redirect all inquiries to the undersigned.

By this letter, we are requesting a complete copy of the following items:

- The insurance policy declarations page showing all applicable coverage limits.
- Any and all statements (recorded or otherwise) taken from our client.
- Any photographs, video footage, or documentation regarding the scene of the incident.

We are currently investigating the medical aspects of this claim and will forward a formal settlement demand once our client has completed medical treatment and we have compiled the necessary medical records and billing statements.

Please acknowledge receipt of this letter and confirm the liability coverage limits available for this claim.

Sincerely,

[Your Signature]

[Printed Name/Attorney Name]
[Law Firm Name]