

[Your Name/Law Firm Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name]

[Insurance Company/Organization Name]

[Address]

[City, State, Zip Code]

RE: Client Identification and Injury Claim Reference

Claimant: [Client Full Name]

Date of Birth: [MM/DD/YYYY]

Social Security Number/ID: [XXX-XX-XXXX / ID Number]

Date of Incident: [Date of Injury]

Location of Incident: [Address/Location Name]

Claim Reference Number: [Claim Number, if known]

Dear [Recipient Name/Adjuster Name],

Please be advised that this office represents [Client Full Name] in regard to the injuries sustained during the incident referenced above.

This letter serves as formal notification of our client's identity and the establishment of an injury claim. We request that all future correspondence and documentation related to this matter be directed to our office at the address provided above.

Attached to this letter, please find the following documents for your records:

- Copy of Client Identification (Driver's License/Passport)
- Signed Authorization for Release of Information
- Preliminary Incident Report (if applicable)

Please acknowledge receipt of this letter and provide the name and contact information of the adjuster assigned to this file if one has not yet been designated.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title/Role]