

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

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

RE: Request for Claims Adjuster Assignment and Contact Information

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Loss: [Insert Date of Incident]

To Whom It May Concern,

I am writing regarding the above-referenced claim which was recently filed. I am requesting the specific contact details for the Claims Adjuster assigned to this file.

Please provide the following information at your earliest convenience:

- Adjuster's Full Name
- Direct Telephone Number and Extension
- Email Address
- Adjuster ID/License Number (if applicable)

I look forward to discussing the next steps of the claims process with the assigned representative. Please acknowledge receipt of this request by [Date] via [Email/Phone].

Sincerely,

[Your Signature]

[Your Printed Name]