DATE: [Insert Date]

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

RE: Notice of Assignment of Rights and Legal Claim

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Insured Party: [Insert Name of Insured]
Date of Loss: [Insert Date of Incident]

To Whom It May Concern,

Please be advised that **[Assignor Name/Original Claimant]** ("Assignor") has formally assigned all rights, title, interest, and legal claims arising from the above-referenced loss to **[Assignee Name/Recipient of Rights]** ("Assignee").

Pursuant to this Assignment of Benefits/Claim, the Assignee now holds the legal right to:

- Receive direct payment for any and all benefits due under the policy for this claim.
- Negotiate and settle the claim directly with your company.
- Initiate legal action, if necessary, to recover amounts owed.

Effective immediately, all future correspondence, settlement offers, and payments related to this claim should be directed solely to:

[Assignee Name/Law Firm/Company]
[Contact Person]
[Mailing Address]
[Phone Number]
[Email Address]

Any payments issued to the Assignor rather than the Assignee after the receipt of this notice will not discharge your obligation to the Assignee.

Please acknowledge receipt of this notice and update your records accordingly. A copy of the executed Assignment Agreement is attached for your files.

Sincerely,

[Signature of Assignor or Authorized Representative]
[Printed Name of Assignor]

[Signature of Assignee or Authorized Representative]
[Printed Name of Assignee]