CLICK HERE and Enter Company Name

Company Address & Phone Number

December 3, 1999

Receipient's Name & Address

RE: Our Insured: Insured's Name

Policy Number: Policy Number

Date of Loss: Date of Loss

Claim Number: Claim Number

Dear Greeting:

I recently received notice of your loss/accident and need to speak with you regarding this matter. If we have not already spoken, I will be trying to reach you very soon.

If you have any questions or concerns, you may call me during my regular office hours of 8:00 a.m. to 4:30 p.m., or leave a message on my voice mail and I will call you back as soon as possible.

Sincerely,

Adjuster's Name

Adjuster's Job Title