<< Date.Verbose >>

**VIA FACSIMILE: << Matter.Relationships.ClientsPipAdjuster.PrimaryFaxNumber >>**

<< Matter.CustomField.ClientAutoInsuranceName >>

<< Matter.Relationships.ClientsPipAdjuster.Address >>

**Attention:** << Matter.Relationships.ClientsPipAdjuster.Name >>

|  |  |  |
| --- | --- | --- |
| **RE:** | **Claimant:** | << Matter.Client.Name >> |
|  | **Claim No:** | << Matter.CustomField.ClientAutoInsuranceClaimNo >> |
|  | **Date of Loss:** | << Matter.CustomField.DateOfIncident >> |

Dear << Matter.Relationships.ClientsPipAdjuster.Prefix >> << Matter.Relationships.ClientsPipAdjuster.LastName >>,

Please be advised that our firm, **Ledyard Law, LLC**, represents << Matter.Client.Name >> in connection with injuries sustained in an automobile accident that occurred on << Matter.CustomField.DateOfIncident >>.

This letter serves as formal notice of our client’s intent to make a claim under the **PIP, UM, Med Pay**, and **liability provisions** of your insured’s policy. Please forward all necessary forms required to process this claim.

If you contend that PIP coverage was waived, kindly provide the following documentation:

- Signed waiver form

- Declarations page

- Full insurance policy

Additionally, please **\*\*do not\*\*** issue any **PIP** or **Med Pay** checks directly to healthcare providers. All benefits should be coordinated through our office.

Thank you for your prompt attention and cooperation.

Sincerely,

Icon

Description automatically generated

David C.M. Ledyard

DL/<< Matter.CustomField.UserInitials >>