

Date

Name

Address

City, State, Zip Code

RE: Claim Number:
 Policy Number:
 Insured:
 Claimant:
 Date of Loss:

Dear :

We acknowledge receipt of the notice of your loss/accident under the captioned policy number. I am the adjuster assigned to handle the file but I have been unable to contact you. It is very important that I speak with you regarding this matter and to obtain your statement.

Please 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.

Very truly yours,

Name

Title