

# Liability Claim Consultation Request

Date: [Insert Date]

[Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster/Insurance Representative's Name],

I am writing to request a consultation regarding a liability claim under my policy, number [Policy Number]. I would appreciate the opportunity to discuss the circumstances surrounding the incident that occurred on [Date of Incident], where I was involved in [brief description of the incident].

As a policyholder, I want to ensure that I am fully informed of my rights and the claims process. I would like to schedule a meeting or a phone call at your earliest convenience to go over the details and understand the next steps involved.

Thank you for your attention to this matter. I look forward to your prompt reply.

Sincerely,

[Policyholder's Name]