

Insurance Claim Assignment Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email Address]
[Your Phone Number]

[Insurance Company's Name]
[Insurance Company's Address]
[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to formally request the assignment of my insurance claim regarding [brief description of the incident, e.g., "the car accident that occurred on [date]"]. My policy number is [Your Policy Number].

Due to [reason for the request, e.g., "the nature of the incident and subsequent damages"], I would like to assign this claim to [Name of the Person/Company] for handling. Their contact information is as follows:

[Name of the Person/Company]
[Address]
[Phone Number]
[Email Address]

Attached are the necessary documents relating to this claim, including [list of attached documents, e.g., "the police report, photographs, and repair estimates"].

Please let me know if you require any further information or additional documentation to process this request. Thank you for your attention to this matter.

Sincerely,
[Your Name]