

Insurance Claim Authorization

Date: _____

Claim Number: _____

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Third-Party Adjuster's Name] of [Adjuster's Company] to act on my behalf regarding the insurance claim filed under the claim number mentioned above.

This authorization gives [Adjuster's Name] the full right to discuss, negotiate, and settle any matters pertaining to my claim, including the receipt of all necessary documents and information from [Insurance Company Name].

Please accept this letter as my formal authorization for the above-mentioned adjuster to proceed with the claim process.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]