

Insurance Claim Authorization Update

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

Subject: Authorization Update for Insurance Claim #[Claim Number]

I hope this message finds you well. I am writing to formally update the authorization for my ongoing insurance claim regarding [brief description of the claim, e.g., property damage, medical expenses, etc.].

Effective immediately, I am authorizing the following individuals to discuss my claim and access my related information:

- [Authorized Person's Name, Relationship, Contact Information]
- [Authorized Person's Name, Relationship, Contact Information]

Please update your records accordingly. Should you require any further information or documentation to process this authorization, do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]