[Law Firm Letterhead]

[Date]

[Insurance Company Name]
[Claims Department Address]

RE: Notice of Representation
Claimant: [Your Name]
Date of Incident: [Accident Date]
Claim Number: [If Available]

Dear Claims Adjuster:

Please be advised that this firm represents [Your Name] in connection with injuries sustained in an accident that occurred on [Date] in [Location]. We have been retained to pursue all claims for damages arising from this incident.

Effective immediately, all communication regarding this claim must be directed to our office. Do not contact our client directly by phone, mail, email, or any other means. Any attempt to communicate with our client outside of our presence will be considered a violation of professional standards.

Please forward all claim-related documents, correspondence, and settlement offers to our office at the address listed above. We also request that you preserve all evidence related to this claim, including but not limited to photographs, video footage, witness statements, and internal communications.

We will be in contact once we have completed our investigation and our client has reached maximum medical improvement.

Sincerely,

[Attorney Name]
[Law Firm Name]