**Mailing Address:** **Telephone:** 999-999-9999

 555 Main St. Other: 999-999-9999

 Suite 555 Facsimile : 999-999-9999

 Atlanta, GA 30309

(insert date here)

**VIA CERTIFIED MAIL**

**AND FACSIMILE**

Uninsured Motorist Insurance

(address here)

Re: **Notice of Uninsured Motorist and Medpay Claim**

Claim No.:

Our Client/Your Insured:

 Date of Loss:

Dear Uninsured Motorist Insurance:

Please be advised that has been retained to represent the interests of who suffered personal injuries as a result of an auto accident on or about at or near the intersection of and , in , GA. Enclosed, please find a copy of the accident report from the Police Department for further reference concerning said incident.

This letter is an official notification to your company that incident described above occurred should an uninsured motorist claim need to be filed in the future. Please send all policy coverage information regarding ‘s insured’s policy, including but not limited to bodily injury coverage, medical payments coverage, and any umbrella or other policies to our address listed above. Thank you for your time and assistance in this regard. Please contact us with any questions you may have.

Sincerely,

Attorney Name

Attorney at Law

Enclosed: Accident Report