

## UNDERINSURED/UNINSURED NOTIFICATION LETTER

[Date]

[Name of Insurance Agent]

[Name of Insurance Company]

[Address of Insurance Company]

RE: [Name of Client]  
[Social Security Number]  
[File Number]  
[Date of Accident/Occurrence]

Dear \_\_\_\_\_:

Please be advised that we have been retained to represent [Name of Client] with regard to injuries sustained in an accident as above referenced.

Please be advised of the following:

- The no-fault claim for the above referenced is hereby enclosed.
- You are hereby put on notice that the above-referenced insured submits notice of a potential uninsured motorist claim under his/her policy. A copy of the police report is attached hereto. Please provide any forms necessary to be completed to continue this claim.
- The above-referenced insured hereby places you on notice of a potential underinsured motorist claim with regard to the above-referenced accident. If any claim forms are necessary, please submit them to the attention of the undersigned immediately.

Very truly yours,

\_\_\_\_\_  
[Name of Attorney]