

PIP NOTICE LETTER

Attention: PIP Claims Department

Re: Your Insured/My Client:_____

Policy No.:_____

Date of Accident: _____

To Whom It May Concern:

Please be advised that I represent the above captioned individual in connection with a claim for personal injuries sustained in an automobile accident which occurred on the above captioned date. I understand that you are the PIP carrier for my client.

Kindly acknowledge receipt of this letter, advise me of the claim number assigned to this matter, send me an application for personal injury protection benefits to be completed by my client/your insured, and direct all future correspondence to my attention at this office.

Thank you for your courtesies.

Sincerely,
