

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Authorization Letter for Insurance Claim

To Whom It May Concern,

I, [Your Full Name], am writing to officially authorize [Authorized Person's Name] to act on my behalf regarding my insurance claim with policy number [Policy Number]. This authorization grants them the right to discuss, submit, and manage all documentation related to my claim. Please find the details of the authorized representative below:

Name: [Authorized Person's Name]

Relationship: [Relationship to You]

Contact Number: [Authorized Person's Phone Number]

Email Address: [Authorized Person's Email Address]

I appreciate your attention to this matter and thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]