

[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 for Insurance Claim

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Claim Handler's Name or Company],
to act on my behalf in processing my insurance claim. My policy number is
[Policy Number].

The claim relates to [Brief Description of the Claim], which was filed on
[Date of Claim Submission]. I grant permission for the release of any
necessary information regarding this claim to [Claim Handler's Name or
Company].

Please feel free to contact me at [Your Phone Number] or [Your Email
Address] if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]