

WESTON PATRICK

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DEFENDANT'S INSURANCE COMPANY
attn: CLAIMS

DATE

RE: my client:
your insured:
automobile collision on: date, location

Dear Sir or Madam,

Please be advised that I have been retained by NAME of TOWN or CITY, MA to press a claim for personal injuries suffered by him/her as a result of an automobile crash caused by your above-named insured.

The collision occurred on DATED, at LOCATION.

Your client was at fault in this collision: DESCRIPTION OF CRASH

I enclose the report from the TOWN or STATE POLICE which responded to the crash.

Claim is hereby made for all benefits and coverages available my clients under your insured's automobile liability policy.

Pursuant to Massachusetts General Laws chapter 175, s. 112C, please advise me in writing

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within thirty days of the amount of the limits of your insured's liability coverage.

At your earliest possible convenience, please have the adjuster assigned to this file contact this office in order that we may discuss this claim.

Also, as soon as this letter of representation is acknowledged in writing by you, you will receive a Medical Authorization Form signed by the claimant which authorizes your company access to his medical records from the date of his birth forward.

You are invited to use this form to access the previous medical history of my client if you deem the same relevant.

You are also invited to use this form to re-request all medical bills and records which I will be forwarding to you for treatment relating to injuries sustained in this motor vehicle accident.

Please note, however, your authorization to access this material as described above is dependent upon your agreement to promptly provide this office with a copy of any records, bills or materials which you may receive from any entity by way of the use of this authorization form.

Importantly, if you are inclined to conduct an index on this particular claimant, it is respectfully requested that you do so upon your receipt of the notification of this claim.

If you obtain information from the index bureau that this particular client has made prior claims, I will assist in investigating the same immediately, including providing you with information as to the names and addresses of any health care providers with whom the claimant may have treated in the past.

Respectfully, if you are inclined to conduct such an investigation, it is requested that you do so at the outset of this claim and not some time after the demand for settlement is made. Again, I will assist you in the process.

Please direct all future correspondence to my attention.

You may expect our full cooperation in efforts to resolve this claim short of litigation.

Thank you for your anticipated prompt attention to this matter.

Very truly yours,

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/s/ Gregory R. Barison

Gregory R. Barison

GRB:ssd-enc.
cc: CLIENT