

Letter of Authority

Name: _____

Address: _____

Claim/case number: _____

Authority

This letter is to state that I hereby authorise the below third party to deal with claim number _____ on my behalf. I am aware this doesn't remove my liability of this claim and that I still remain responsible for this claim.

Signed: _____

Full name (please print): _____

Date: _____

Details of the third party

Name: _____

Telephone number: _____

Password: _____

Organisation (if applicable): _____