

# Authorization letter to act on behalf to claim

---

**James Parker**

**234 Maple Lane**

**Seattle, WA 98101**

**james.parker@email.com**

**(555) 789-6543**

**October 17, 2024**

**Allied Insurance Company**

**Claims Department**

**123 Business Ave**

**Seattle, WA 98101**

**Subject: Authorization to Act on Behalf to Claim Insurance Settlement**

Dear Allied Insurance Claims Department,

I, James Parker, hereby authorize Samantha Lee, residing at 456 Pine Street, Seattle, WA 98102, to act on my behalf to claim my insurance settlement check related to policy #789456. Due to work obligations, I am unable to attend in person to collect the check.

## **Scope of Authorization**

This authorization grants Samantha Lee the authority to:

- Collect and sign for my insurance settlement check.

- Provide necessary identification for verification and complete any related claim formalities.

### **Claim Details**

- **Claim Reference Number:** 789456
- **Description of Claim:** Settlement check for vehicle accident claim dated September 15, 2024
- **Location of Collection:** Allied Insurance Company, Claims Department, 123 Business Ave

### **Identification Details**

**Samantha Lee** will present a valid driver's license as proof of identity at the time of collection.

### **Effective Dates**

This authorization is valid from October 20, 2024, to October 31, 2024, or until the claim is successfully processed.

Please contact me at **(555) 789-6543** or via email at **james.parker@email.com** for further verification if necessary.

Thank you for your assistance.

Sincerely,

**James Parker**

**[Signature]**.