

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

[Date]

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

Re: Personal Injury Claim - [Your Claim Number]

Dear [Adjuster's Name],

I am writing to formally submit my personal injury claim as a result of the car accident that occurred on [Date of Accident] at [Location of Accident]. I was involved in a collision with [Other Party's Name], and due to this incident, I have sustained injuries that have adversely affected my life.

Enclosed you will find the following documentation to support my claim:

- Medical records and bills
- Police report
- Photos of the accident scene and damage
- Proof of lost wages
- Documentation of pain and suffering

As a result of my injuries, I am seeking compensation for medical expenses, lost wages, and pain and suffering. I believe the total compensation amount I am seeking is [\$ Amount].

Please contact me at your earliest convenience to discuss this claim further. I appreciate your prompt attention to this matter.

Sincerely,

[Your Signature (if sending by mail)]
[Your Printed Name]