

Personal Injury Claim for Pedestrian Accident

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

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

Subject: Personal Injury Claim - [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally submit a personal injury claim resulting from an incident that took place on [date of accident]. I was a pedestrian crossing [location] when I was struck by a vehicle driven by [driver's name, if known].

As a result of the accident, I incurred injuries including [list injuries]. I sought medical attention from [name of medical provider], and my treatment included [description of treatment]. Enclosed, you will find copies of the medical records, bills, and any relevant documentation.

Additionally, I have attached evidence of lost wages totaling [amount] and any other related expenses connected to my recovery process.

I respectfully request a settlement of [amount requested], which covers my medical expenses, lost wages, and pain and suffering. Please reach out to me at your earliest convenience so we can discuss this claim further.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosures: [List of attached documents]