

Letter of Claim for Loss of Income

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

Re: Public Liability Claim - Policy Number [Policy Number]

I am writing to formally submit a claim for loss of income due to an incident that occurred on [date of incident], at [location of incident]. As a result of this incident, I have suffered financial losses that I believe fall under your policy's public liability coverage.

On the day of the incident, [briefly describe the incident and how it led to your loss of income]. I was unable to work for [number of days/weeks] due to [reason for inability to work]. Consequently, my income was significantly affected, leading to a loss of approximately [amount of money lost].

Enclosed, please find copies of all relevant documents, including:

- Medical reports, if applicable
- Proof of income prior to the incident
- Records showing the days I was unable to work
- Any other relevant documentation

I kindly request that this claim be addressed at your earliest convenience. Should you require any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]