

Public Liability Claim for Medical Expenses

Date: [Insert Date]

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

[Insurance Company or Responsible Party's Name]
[Address]
[City, State, Zip Code]

Dear [Claims Adjuster's Name or Responsible Party],

I am writing to formally submit a public liability claim for medical expenses incurred due to an incident that occurred on [Date of Incident] at [Location of Incident].

On that day, [Briefly describe the incident and how it occurred]. As a result of this incident, I sustained injuries that required medical treatment, including but not limited to [List medical treatments or diagnoses].

Enclosed with this letter, you will find copies of the following documents:

- Medical bills totaling [Amount]
- Medical reports from [Name of Medical Provider]
- [Any other relevant documents]

I kindly request that you process this claim at your earliest convenience. Should you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]