

Public Liability Claim for Workplace 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: Public Liability Claim for Workplace Accident

Dear [Claims Adjuster's Name],

I am writing to formally submit a public liability claim regarding an accident that occurred at my workplace, [Company Name], on [Date of Accident]. As a result of this incident, I sustained injuries that have had a significant impact on my health and ability to work.

The details of the incident are as follows:

- **Date of Accident:** [Date]
- **Description of Incident:** [Brief description of the accident]
- **Nature of Injuries:** [Description of injuries sustained]
- **Witnesses:** [Names and contact details of any witnesses]

I have attached all relevant documentation, including medical reports, photographs of the scene, and any witness statements that support my claim. I trust that you will process this claim promptly and fairly.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Job Title]