

Hearing Loss Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally submit my insurance claim for hearing loss resulting from workplace-related issues. My policy number is [Your Policy Number]. I believe my hearing impairment has been caused by prolonged exposure to high noise levels at my workplace.

Details of the incident are as follows:

- **Date of Incident:** [Insert Date]
- **Description of Work Environment:** [Briefly Describe Work Environment]
- **Medical Diagnosis:** [Insert Diagnosis from Medical Professional]

Enclosed, you will find relevant documentation including:

- Medical records and diagnosis from [Doctor's Name]
- Noise exposure assessment report from [Date]
- Workplace safety reports

Please let me know if you require any additional information to process this claim. I look forward to your prompt response regarding the approval of my claim.

Thank you for your attention to this matter.

Sincerely,

[Your Name]