

**To: [Insurance Company Name]**

[Insurance Company Address]

[City, State, ZIP Code]

[Date]

**Subject: Bodily Injury Claim - Policy No. [Your Policy Number]**

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for bodily injury resulting from an incident that occurred on [Date of Incident] involving my commercial vehicle, a [Year, Make, and Model of Vehicle], with license plate number [License Plate Number].

The accident took place at [Location of the Accident] and involved [Brief Description of the Incident]. As a result of this incident, [Injured Party's Name], sustained injuries that required medical attention.

I have enclosed all necessary documentation, including:

- Police report
- Medical reports and bills
- Witness statements
- Photos of the accident scene and damages
- Any other relevant documents

According to my policy, I am entitled to coverage for bodily injury claims resulting from incidents involving my vehicle. I kindly ask that you process this claim at your earliest convenience and advise me on any further steps required.

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

Sincerely,

[Your Name]

[Your Title/Position]

[Your Company Name]

[Your Contact Information]