

# Occupational Accident Insurance Claim

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

[Employer's Name]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally submit a claim for occupational accident insurance due to an incident that occurred on [Date of Incident] while I was performing my duties at [Location of Incident].

On this date, I suffered [describe the injury or incident briefly], which has resulted in [explain the impact, e.g., medical expenses, lost wages]. It is my belief that this incident was a direct result of employer negligence concerning [briefly explain the negligence, e.g., inadequate safety measures, lack of training, etc.].

I have attached the relevant documentation, including medical reports, accident reports, and any other necessary evidence to support my claim. I kindly request that you address this matter promptly and process my claim in accordance with our occupational accident insurance policy.

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

Sincerely,

[Your Name]