

Occupational Accident Insurance Claim for Long-Term Disability

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Adjuster,

I am writing to formally submit a claim for long-term disability benefits under my occupational accident insurance policy, following an accident that occurred on [Date of Accident] while I was performing my work duties at [Location of Accident].

Details of the Accident:

- **Date of Accident:** [Date]
- **Description of Incident:** [Brief Description]
- **Injury Sustained:** [Details of Injury]
- **Medical Treatment:** [Details of Treatment Received]

I have attached the necessary documentation, including:

- Medical reports from my healthcare providers
- Accident report from my employer
- Any additional evidence supporting my claim

Due to the nature of my injuries, I am unable to perform my job duties and require long-term disability benefits to support my recovery. I would appreciate your prompt attention to my claim and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]