

Letter of Claim for Lost Wages

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Adjuster,

I am writing to formally submit a claim for lost wages under my occupational accident insurance policy due to an incident that occurred on [date of accident].

On that day, while performing my work duties as a [your job title] for [employer's name], I sustained a [brief description of injury]. This injury has rendered me unable to work, and as a result, I have lost wages from [start date of absence] to [end date of absence].

Attached are the following documents to support my claim:

- Medical reports and bills related to the injury
- Proof of absence from work (e.g., employer's letter, pay stubs)
- Completed claim form

I would appreciate your prompt attention to this matter and request the payment for my lost wages totaling [amount]. Please let me know if you require any additional information or documentation.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Policy Number]