

Occupational Accident Insurance Claim for Medical Expenses

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

Subject: Claim for Medical Expenses - Occupational Accident

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for medical expenses incurred due to an occupational accident that occurred on [Insert Date of Accident]. My policy number is [Insert Policy Number].

Details of the Accident:

- Date of Accident: [Insert Date]
- Location: [Insert Accident Location]
- Description of Incident: [Brief description of the incident]

Medical Treatment Received:

- Doctor/Hospital Name: [Insert Name]
- Date of Treatment: [Insert Date]
- Type of Treatment: [Insert Treatment Details]
- Total Medical Expenses: [Insert Amount]

Attached are the copies of all relevant documents, including:

- Medical bills
- Doctor's report
- Accident report
- Any other supporting documents

I kindly request that you process my claim at your earliest convenience. Please let me know if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Number]

[Your Email Address]