

# Occupational Accident Insurance Claim Letter

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to formally submit a claim for permanent injury benefits under my occupational accident insurance policy, policy number [Policy Number]. This claim arises from an accident that occurred on [Date of Accident] while I was performing my duties as a [Your Job Title] at [Your Employer's Name].

As a result of the accident, I sustained [briefly describe the injury and its impact on your life, e.g., "a severe injury to my leg that has resulted in a permanent impairment affecting my mobility"]. Enclosed are copies of relevant medical records, treatment documentation, and any other supporting evidence that attest to the nature and extent of my injuries.

I kindly request that my claim be processed promptly. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,  
[Your Name]