

Claim for Temporary Disability Benefits

Date: [Insert Date]

To,

[Insurance Company Name]

[Insurance Company Address]

Subject: Claim for Temporary Disability Benefits

Dear [Claims Adjuster's Name],

I am writing to formally submit my claim for temporary disability benefits following an occupational accident that occurred on [Date of the Accident] while I was performing my duties as [Your Job Title] at [Company Name].

The details of the incident are as follows:

- Date of Accident: [Insert Date]
- Location of Accident: [Insert Location]
- Description of Incident: [Briefly describe the incident]

As a result of the accident, I have been rendered temporarily unable to work and have attached the necessary documentation, including:

- Medical reports from [Doctor's Name or Hospital Name]
- Incident report filed with [Company Name]
- Proof of employment and salary statements

I kindly request the processing of this claim for temporary disability benefits at your earliest convenience. Should you need 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.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Policy Number]