

Professional Indemnity Insurance Claim

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's Name],

I am writing to formally submit a claim under my professional indemnity insurance policy (Policy Number: [Insert Policy Number]) due to an incident that occurred on [Insert Incident Date]. Details of the incident are as follows:

Incident Description:

[Provide a detailed description of the incident, including the nature of the claim, parties involved, and any relevant dates.]

Patient Information:

[Include patient details if applicable, ensuring confidentiality and compliance with regulations.]

Supporting Documents:

I have attached the following documents to support my claim:

- [List of attached documents, such as medical records, correspondence, incident reports, etc.]

I trust that this claim will be processed promptly, and I am available to provide any additional information required. Please feel free to contact me at your convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]