

# Personal Injury 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 [Adjuster's Name or Claims Department],

Subject: Initial Claim Submission for Personal Injury - [Your Claim Number]

I am writing to formally submit my claim for personal injury that occurred on [Date of Incident] at [Location of Incident]. Due to the incident, I sustained injuries that have had a significant impact on my life, including but not limited to [briefly describe your injuries].

As a result of my injuries, I have incurred medical expenses totaling [amount], which include [list of treatments or medical expenses]. Additionally, I have experienced [loss of wages, pain and suffering, etc.], which I believe also warrant compensation.

Enclosed are copies of the relevant documents supporting my claim, including:

- Medical records and bills
- Incident report
- Proof of lost wages
- [Any other relevant documents]

I kindly request that you review my claim and respond to me at your earliest convenience. 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.

Sincerely,

[Your Name]