

# Injury Claim Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Initial Injury Claim Request - Claim No: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally initiate a claim for injuries sustained on [Insert Date of Injury] at [Location of Incident]. As a result of [briefly explain the incident], I have incurred significant medical expenses and other damages.

Enclosed, please find the following documents to support my claim:

- Medical records and bills
- Proof of income loss
- Incident report
- Photographs or other evidence

I kindly request an acknowledgment of receipt of this letter and the enclosed documents. Please feel free to contact me at your earliest convenience should you require any further information regarding my claim.

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

Sincerely,

[Your Name]