

Personal Injury Claim Notification

Date: _____

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number

Insurance Company Name
Claims Department
Company Address
City, State, Zip Code

Dear Claims Adjuster,

I am writing to formally initiate a personal injury claim following an incident that occurred on [date of the incident] at [location of the incident]. As a result of this incident, I sustained [briefly describe injuries] which have caused significant pain, suffering, and financial burden.

All relevant medical records and documentation have been compiled and are available upon request. I have also attached copies of any pertinent documents, including medical bills and photographs relating to the incident.

I kindly request that you acknowledge receipt of this correspondence and inform me of the next steps in the claims process as soon as possible.

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

Sincerely,

Your Name