

Personal Injury Claim Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to formally notify you of a personal injury claim resulting from an incident that occurred on [insert date of incident] at [insert location of incident].

As a result of this incident, I sustained the following injuries: [insert details of injuries]. My medical treatment included [insert treatment details], and I have attached copies of all relevant medical records and bills related to my treatment for your review.

I am seeking compensation for my medical expenses, lost wages, and any pain and suffering caused by this accident. The total amount of damages incurred to date is [insert dollar amount].

Please let me know how you would like to proceed in this matter. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]