

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally submit my personal injury claim resulting from an incident that occurred on [date of the incident] at [location of the incident]. The details of the incident are as follows:

[Brief description of the incident, including circumstances, injuries sustained, and any medical treatment received.]

Please find attached the necessary documentation to support my claim, including:

- Medical records and bills
- Photos of the incident and injuries
- Witness statements
- Police report (if applicable)

Due to the injuries I sustained, I have incurred substantial medical expenses and lost wages. Therefore, I am seeking compensation in the amount of [specific dollar amount]. I would appreciate your prompt attention to this matter.

Please feel free to contact me if you require any further information or clarification regarding my claim. Thank you for your time and consideration.

Sincerely,

[Your Name]