

# Preliminary Notification of Injury Claim

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, ZIP Code]

To Whom It May Concern,

I am writing to formally notify you of a claim regarding an injury that occurred on [Insert Date of Injury] at [Insert Location of Injury].

Details of the Incident:

- Date of Incident: [Insert Date]
- Time of Incident: [Insert Time]
- Location: [Insert Location]
- Description of Injury: [Brief Description of Injury]

I have sought medical attention for my injuries, and the details of the treatment are as follows:

- Healthcare Provider: [Insert Provider's Name]
- Diagnosis: [Insert Diagnosis]
- Treatment Received: [Brief Description of Treatment]

I would appreciate your prompt attention to this matter and request that you acknowledge receipt of this notification. Should you require any further information or documentation, please do not hesitate to contact me at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Claimant's Name]