

Personal Injury Compensation Request

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Insurance Company or Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request compensation for injuries I sustained on [date of accident] due to [describe incident briefly]. As a result of this incident, I have incurred significant medical expenses and have endured pain and suffering.

Here are the details of my claim:

- Date of Incident: [Date]
- Location: [Location]
- Description of Incident: [Brief description]
- Medical Treatments Received: [List treatments]
- Total Medical Expenses: [Amount]

Attached to this letter are copies of all pertinent documents, including medical records, bills, and any relevant photographs. I believe that I am entitled to compensation for my injuries and the associated costs, and I hope to resolve this matter amicably.

Please feel free to contact me at your earliest convenience to discuss this matter further. Thank you for your attention to this important issue.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]