

Personal Injury Accident Benefit Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Personal Injury Accident Benefit Claim

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for personal injury benefits following an accident that occurred on [insert accident date] at [insert accident location]. Due to the incident, I have sustained injuries that require ongoing medical treatment and have significantly impacted my daily life.

Below are the details pertinent to my claim:

- **Accident Date:** [Insert Date]
- **Injury Description:** [Briefly describe your injuries]
- **Medical Treatment Received:** [List treatments and providers]
- **Claim Number:** [Insert Claim Number]

Attached to this letter, you will find the following documents:

- Medical records and bills
- Police report (if applicable)
- Witness statements (if available)
- Any other supporting documents

I kindly request that you review my claim and provide me with the necessary next steps regarding the benefits to which I am entitled. Should you need any additional information or documentation, please do not hesitate to contact me at the provided phone number or email address.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]