

Liability Claim for Slip and Fall Incident

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Liability Claim - Slip and Fall Incident

Dear [Insurance Adjuster's Name],

I am writing to formally submit a liability claim regarding a slip and fall incident that occurred on [Date of Incident] at [Location of Incident]. I sustained injuries as a result of this incident due to [briefly explain the cause, e.g., "wet floors without proper signage"].

Details of the Incident:

- Date and Time: [Date and Time]
- Location: [Location]
- Witnesses: [List any witnesses, if applicable]

As a result of this fall, I have incurred medical expenses totaling [amount], and I have also experienced [briefly explain pain, suffering, lost wages, etc.]. I have attached copies of my medical records, bills, and any other relevant documentation for your review.

I request that you investigate this matter promptly and provide me with an update on the status of my claim. I would appreciate it if you could reach me at [Your Phone Number] or via email at [Your Email Address].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]