

Auto Accident Injury Claim Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Claim for Auto Accident Injury - Claim Number [Your Claim Number]

Dear [Adjuster's Name],

I am writing to formally submit a claim for the injuries I sustained in the auto accident that occurred on [Date of Accident] at [Location of Accident]. I have attached all relevant documentation, including medical reports and expenses, as well as a copy of the police report.

As a result of the accident, I have experienced the following injuries:

- [Injury 1]
- [Injury 2]
- [Injury 3]

The total amount of medical expenses incurred to date is [Total Amount]. I also request compensation for other damages, including:

- Pain and suffering
- Lost wages
- Property damage

Based on the above, I am seeking a total settlement of [Amount]. I believe this amount is fair and reasonable given the circumstances and impact on my life.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information. I look forward to your prompt response to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]