

Product Liability Injury Compensation Claim

Date: [Insert Date]

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

[Recipient's Name] [Company's Name] [Company's Address] [City, State, Zip]

Dear [Recipient's Name],

I am writing to formally submit a compensation claim for injuries sustained due to a defective product, [Product Name], purchased on [Purchase Date]. This product has caused me significant physical and emotional distress.

Details of the incident: - Date of incident: [Date of Injury] - Description of injury: [Detailed description of the injury] - Medical treatment received: [Details of medical treatment]

As per the attached medical documents and photos, the injuries were a direct result of the product's defect. I seek compensation for medical expenses, lost wages, and pain and suffering, totaling [Insert Amount].

Please find attached all relevant documentation to support my claim. I appreciate your immediate attention to this matter and look forward to your prompt response.

Thank you,

Sincerely,

[Your Name]

Attachments: [List of attachments]