

Accident Injury Verification

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]

Dear [Insurance Adjuster's Name],

I am writing to formally verify the injuries I sustained from the accident that occurred on [Date of Accident]. This letter serves as documentation for my injury claim filed under policy number [Policy Number].

Details of the incident are as follows:

- Date of Accident: [Insert Date]
- Location of Accident: [Insert Location]
- Injuries Sustained: [List Injuries]
- Treatment Received: [Brief Description of Treatment]

I have attached copies of my medical records and treatment invoices as supporting documentation for your review.

Please do not hesitate to contact me if you require additional information or further clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]