

Claim Verification Letter

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: Claim Verification for Slip and Fall Incident - Claim Number [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally request verification of my claim regarding the slip and fall incident that occurred on [Insert Date of Incident] at [Location of Incident]. My claim number is [Insert Claim Number].

On that day, I sustained injuries due to a hazardous condition on the premises. I have submitted all required documentation, including medical reports and incident details, as per the claims process.

To expedite the processing of my claim, I would appreciate your confirmation of the following:

- Status of my claim
- The documentation required for further processing
- Estimated timeline for resolution

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

Sincerely,

[Your Name]