

Injury Claim Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient's Position]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Subject: Verification of Injury Claim - [Claim Number]

Dear [Recipient Name],

I am writing to formally verify the details of my injury claim related to the workplace accident that occurred on [Date of Accident]. The claim number associated with this incident is [Claim Number].

The accident took place at [Location of Accident] during [Description of Work Activity]. As a result of this incident, I sustained [Describe Injuries]. I have attached all relevant medical reports and documentation for your review.

Please confirm the receipt of this letter and the attached documentation. Should you require any further information or additional documentation, do not hesitate to contact me at the phone number or email address provided above.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Employee ID (if applicable)]