

Personal Injury Claim Verification Request

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 Claims Adjuster,

I am writing to formally request verification of my personal injury claim submitted on [insert submission date], under claim number [insert claim number].

Please provide the following information regarding my claim:

- Status of the claim
- Any outstanding documents or information needed
- Expected timeline for processing
- Details of any evaluations or investigations conducted

Your prompt attention to this matter would be greatly appreciated. Should you require any additional information, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your assistance.

Sincerely,

[Your Name]