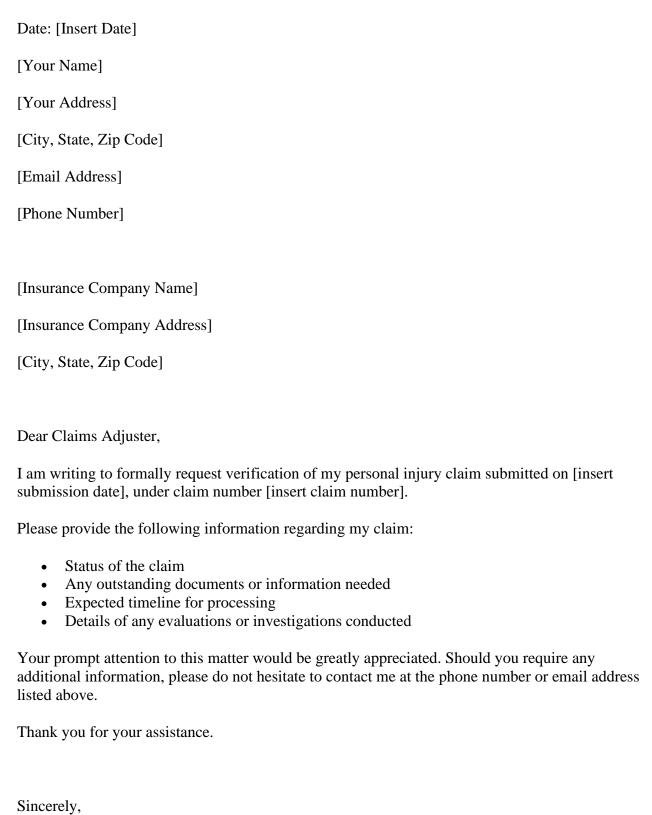
Personal Injury Claim Verification Request



[Your Name]