

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request verification regarding the claim number [Claim Number] associated with the wrongful injury claim filed on [Date of Claim]. As the claimant, I believe vital information may not have been accurately represented or may require further examination.

To facilitate the review of this claim, I request copies of all documentation, including but not limited to, accident reports, medical records, witness statements, and any correspondence between your company and involved parties.

Please respond to this inquiry by [Response Deadline], so we can ensure that all pertinent details are accurately accounted for. If you require any further information from my side, do not hesitate to reach out.

Thank you for your attention to this matter.

Sincerely,

[Your Name]