

Verification Request for Car Accident Injury Claim

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, ZIP Code]

Subject: Verification Request for Car Accident Injury Claim - Claim Number: [Claim Number]

Dear [Adjuster's Name],

I am writing to formally request verification for my injury claim resulting from the car accident that occurred on [Date of Accident]. This verification is critical for processing my claim.

Details of the incident are as follows:

- **Accident Date:** [Date]
- **Location:** [Location]
- **Claim Number:** [Claim Number]
- **Involved Parties:** [Names of other parties involved]

Please provide the necessary documentation, including but not limited to:

- Police Report
- Medical Records
- Any additional documentation related to the accident

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

Sincerely,

[Your Name]