Workers' Compensation Claim Request

Date: [Insert Date]

To,

[Claims Adjuster's Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Workers' Compensation Claim Request for Injury

Dear [Claims Adjuster's Name],

I am writing to formally request workers' compensation benefits for an injury I sustained on [insert date of injury] while performing my duties at [insert company name].

Details of the Incident:

- **Date of Injury:** [Insert Date]
- **Location of Incident:** [Insert Location]
- **Description of Injury:** [Briefly describe the injury sustained]
- **Medical Treatment:** [Describe medical treatment received]

I have attached the necessary documentation, including:

- Medical reports
- Accident report
- Witness statements
- Any other relevant documentation

Please feel free to contact me at [insert phone number] or [insert email address] should you need any further information to process my claim.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Job Title]

[Your Employee ID]