

# Accident Insurance Claim Initiation

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, Zip: [City, State, Zip]

Your Email: [Your Email]

Your Phone Number: [Your Phone Number]

Date: [Current Date]

## To Whom It May Concern,

I am writing to formally initiate a claim for accident insurance following a slip and fall incident that occurred on [Date of Incident] at [Location of Incident].

Details of the Incident:

At approximately [Time], I slipped and fell due to [brief description of cause - e.g., wet floor, uneven pavement]. As a result of this incident, I sustained injuries that required medical attention, including [briefly outline injuries].

I have enclosed copies of relevant documents, including:

- Medical reports
- Photographs of the incident location
- Witness statements (if available)
- Any incident reports filed

I kindly request that you acknowledge receipt of this letter and provide me with information regarding the next steps in processing my claim. Please feel free to contact me at [Your Phone Number] or [Your Email] should you need any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]