

Motorcycle Insurance Claim for Additional Medical Expenses

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Claim for Additional Medical Expenses - Policy No. [Insert Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for additional medical expenses incurred due to the motorcycle accident that occurred on [Insert Date of Accident]. My policy number is [Insert Policy Number].

As a result of the accident, I have been receiving medical treatment for my injuries. However, I have recently incurred additional expenses that were not included in my initial claim. These expenses include:

- [Description of Medical Expense 1] - \$[Amount]
- [Description of Medical Expense 2] - \$[Amount]
- [Description of Medical Expense 3] - \$[Amount]

The total amount for these additional expenses is \$[Total Amount]. Attached to this letter are the relevant receipts and documents supporting my claim.

I kindly request that you review my claim as soon as possible and inform me of any further information you may require.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]