

Insurance Claim for Emotional Distress

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Claims Department
Insurance Company Name
Company Address
City, State, Zip Code

Dear Claims Adjuster,

Subject: Claim for Emotional Distress - Uninsured Driver Incident

I am writing to formally submit a claim for emotional distress as a result of an incident involving an uninsured driver on [date of incident]. The accident occurred at [location], and I have detailed the events leading up to the incident in the enclosed documentation.

As a result of the accident, I have experienced significant emotional distress, including [describe symptoms such as anxiety, depression, sleeplessness, etc.]. I have sought counseling and medical treatment, incurring costs of [quantify expenses]. I believe this emotional distress directly correlates with the negligence of the uninsured driver involved in the accident.

Enclosed are the following documents to support my claim:

- Accident Report
- Medical Records and Bills
- Receipts for Counseling Sessions
- Personal Testimony of Events

I request that you review my claim and provide compensation for the emotional distress I have endured. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,
[Your Name]