

# Uninsured Driver Insurance Claim for Lost Wages

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Insurance Claim for Lost Wages Due to Uninsured Driver

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for lost wages due to an accident involving an uninsured driver on [date of accident]. My policy number is [policy number], and my claim number is [claim number].

On the mentioned date, I was involved in a collision with an uninsured driver. As a result of the accident, I sustained injuries that prevented me from working from [start date] to [end date]. My employer, [Employer's Name], has confirmed my absence during this period and the corresponding loss of wages.

Attached to this letter are the following documents:

- Medical records and bills related to the accident
- Employer's letter confirming lost wages
- Pay stubs for the months surrounding the accident
- Police report of the accident

The total lost wages amount to [total amount]. I kindly request that you process this claim promptly and provide any necessary assistance as I navigate through this challenging time.

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

Sincerely,

[Your Name]