

Insurance Claim for Medical Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Medical Expenses Due to Accident with Uninsured Driver

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for medical expenses incurred as a result of an accident involving an uninsured driver on [Date of Accident].

Details of the incident are as follows:

- Date of Accident: [Insert Date]
- Location of Accident: [Insert Location]
- Description of Incident: [Brief Description]
- Injuries Sustained: [List of Injuries]

As a result of the accident, I have incurred medical expenses totaling [Insert Amount]. Attached to this letter are copies of all medical bills, treatment records, and any other relevant documentation for your review.

Please let me know if you require any additional information to process this claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]

[Your Policy Number]