

Personal Accident Insurance Claim Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Adjuster,

Subject: Personal Accident Insurance Claim Adjustment - Policy No. [Insert Policy Number]

I am writing to formally request an adjustment to my personal accident insurance claim submitted on [insert date of original claim submission] in relation to the accident that occurred on [insert accident date].

Since my initial claim submission, I have obtained additional medical documentation that further details my injuries and the impact on my daily life. Attached, please find:

- Medical reports from [Doctor's Name/Institution]
- Prescription receipts
- Additional photographs of injuries
- Expert testimony regarding the accident's impact

I believe this documentation will support my case for a reconsideration of the claim amount. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]