

Insurance Claim for Worker Injury

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for an injury that occurred on [Date of Incident] at the construction site located at [Site Address]. My name is [Your Name], and I am the [Your Position/Title] with [Company Name].

Details of the incident are as follows:

- **Injured Worker's Name:** [Worker's Name]
- **Job Title:** [Worker's Job Title]
- **Date and Time of Incident:** [Date and Time]
- **Description of Incident:** [Brief Description of What Happened]
- **Injuries Sustained:** [Details of Injuries]

Attached are all necessary documents to support this claim, including:

- Medical reports and bills
- Witness statements
- Incident report
- Photographic evidence (if applicable)

We kindly request that you process this claim as soon as possible, as [Worker's Name] is currently undergoing treatment and has incurred significant medical expenses due to this incident.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you need any further information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]