

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally submit a claim related to an injury sustained on [insert date of injury] while performing my duties as an employee of [Company Name]. The incident occurred at [location of injury].

This injury has resulted in [briefly describe the impact of the injury, e.g., medical treatment required, lost workdays, etc.]. I have attached all relevant medical documentation and incident reports for your review.

As per the company's policy on workplace injuries, I am seeking compensation for [detail the compensation sought, e.g., medical expenses, lost wages, etc.]. I trust that you will handle this claim promptly and in accordance with company policy.

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

Sincerely,

[Your Name]

[Your Job Title]