

Accident Claim Adjustment Request for Loss of Income

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]

Dear [Claims Adjuster's Name or "Claims Department"],

I hope this message finds you well. I am writing to formally request an adjustment to my accident claim (Claim Number: [Insert Claim Number]) regarding the loss of income I have experienced due to the accident occurring on [Insert Accident Date].

As a result of the accident, I have been unable to work from [Start Date] to [End Date], leading to a significant loss of income. Enclosed are the supporting documents including my pay stubs, a letter from my employer confirming my inability to work, and medical records that substantiate my condition.

I kindly ask you to review this request and adjust my claim to reflect the loss of income due to the accident. Should you need any additional information or documentation, please do not hesitate to reach out to me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]