

Accident Claim Adjustment Request

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: Request for Adjustment of Accident Claim - Claim Number [Insert Claim Number]

Dear [Claims Adjuster's Name],

I hope this message finds you well. I am writing to formally request an adjustment to my accident claim regarding the incident that occurred on [Date of Accident]. I believe that after careful review of the circumstances and the documentation provided, a reassessment of my claim is warranted.

As you are aware, the accident resulted in significant injuries, including [Briefly Describe Injuries]. Following the accident, I have incurred medical expenses totaling [Amount] and have experienced [Describe any lost wages or other impacts]. I have attached relevant documents, including medical bills, treatment records, and proof of lost wages, to support my request.

Given the severity of my injuries and the ongoing impact on my daily life, I kindly ask that you consider my request for an adjustment to reflect the full extent of damages incurred. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Attachments: Medical Bills, Treatment Records, Proof of Lost Wages]