

Liability Claim Notification

Date: [Insert Date]

To: [Insert Recipient Name]
[Insert Recipient Title]
[Insert Company Name]
[Insert Company Address]
[Insert City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally notify you of a liability claim resulting from a workplace accident that occurred on [Insert Date of Accident] at [Insert Location of Accident].

The incident involved [Brief Description of the Incident], resulting in [Describe Injuries or Damages]. I have attached a copy of the incident report and any relevant medical documentation for your review.

As a result of this incident, I am seeking compensation for [List Specific Claims such as medical expenses, lost wages, etc.]. I kindly request that you respond to this notification by [Insert Response Deadline].

Please feel free to contact me at [Insert Phone Number] or [Insert Email Address] should you require any additional information or documentation.

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

Sincerely,

[Your Name]
[Your Title/Position]
[Your Company Name] (if applicable)
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]