

# Personal Injury Claim Submission

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Claim Number: [Insert Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally submit my personal injury claim regarding the bicycle accident that occurred on [Date of Accident] at [Location of Accident]. In this incident, I was struck by a vehicle while riding my bicycle, resulting in significant injuries.

Details of the Incident:

- Date of Accident: [Insert Date]
- Time of Accident: [Insert Time]
- Location: [Insert Location]
- Description of Incident: [Brief description of what happened]

Injuries Suffered:

- [Injury 1]
- [Injury 2]
- [Injury 3]

I have attached the following documents to support my claim:

- Police report
- Medical records
- Photographs of injuries and accident scene
- Witness statements

Please review my claim and the attached documents at your earliest convenience. I am seeking compensation for my medical expenses, lost wages, and pain and suffering resulting from this accident.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]