

Personal Injury Claim Submission

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],

Re: Personal Injury Claim for Car Accident on [Date of Accident]

I am writing to formally submit my personal injury claim as a result of the car accident that occurred on [Date of Accident] at [Location of Accident].

Details of the accident:

- Date of Accident: [Insert Date]
- Time of Accident: [Insert Time]
- Location: [Insert Location]

I sustained the following injuries as a result of the accident:

- [List Injuries]
- [List Treatment Received]
- [List Doctor's Name]

Attached, you will find the necessary documentation to support my claim, including medical records, bills, and any other relevant evidence.

Please let me know if any additional information is needed to process my claim. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]