

Personal Injury Claim Submission

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally submit a personal injury claim, resulting from a dog bite incident that occurred on [Date of Incident] at [Location of Incident].

On that day, I was [brief description of events leading to the dog bite]. During this encounter, I was bitten by a dog owned by [Owner's Name or description of the owner], resulting in [describe injuries, medical treatment received, and any medical documentation attached].

As a result of the incident, I have incurred medical expenses amounting to [amount]. Additionally, I have experienced [pain and suffering, loss of wages, etc.], which I believe warrants compensation.

Attached to this letter are copies of my medical records, bills, and any relevant documentation to support my claim.

Please let me know if you require any further information to process my claim. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,
[Your Name]