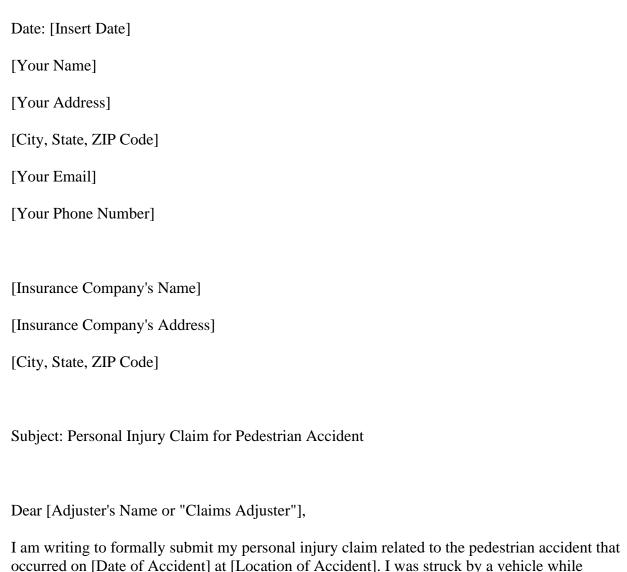
Personal Injury Claim Submission



The details of the incident are as follows:

crossing the street, resulting in significant injuries.

- Date of Accident: [Insert Date]
- Time of Accident: [Insert Time]
- Location: [Insert Location]
- Injury Details: [Describe your injuries briefly]
- Medical Treatment Received: [Describe the treatment]

I have attached the following documentation to support my claim:

• Medical reports and bills

- Accident report
- Witness statements
- Photographs of injuries and the accident scene

I respectfully request a prompt review of my claim and appropriate compensation for my injuries and associated costs. Please feel free to contact me at [Your Phone Number] or [Your Email] for any further information you may need.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]