

# Personal Injury Claim Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, ZIP Code]

Subject: Personal Injury Claim for Pedestrian Accident

Dear [Adjuster's Name or "Claims Adjuster"],

I am writing to formally submit my personal injury claim related to the pedestrian accident that occurred on [Date of Accident] at [Location of Accident]. I was struck by a vehicle while crossing the street, resulting in significant injuries.

The details of the incident are as follows:

- 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]