

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]

Subject: Personal Injury Claim Submission for Product Liability

Dear [Claims Adjuster's Name],

I am writing to formally submit my personal injury claim regarding an incident that occurred on [Date of Incident] involving [Product Name/Description]. This product caused me to sustain serious injuries due to [brief description of the defect or issue with the product].

On [Date of Incident], while [describe what you were doing when the incident occurred], I experienced [describe the injury you suffered]. I have since sought medical attention at [Name of Medical Facility], where I was diagnosed with [medical diagnosis]. Attached are the medical records and bills related to my treatment.

As a result of my injuries, I have incurred significant medical expenses, lost wages, and endured pain and suffering. I am seeking compensation for the following damages:

- Medical Expenses: \$[Total Amount]
- Lost Wages: \$[Total Amount]
- Pain and Suffering: \$[Total Amount]

I have attached all relevant documents, including photographs of the product, medical records, and any other supporting documentation to assist in processing my claim.

Please acknowledge receipt of this claim and inform me of the next steps in the evaluation process. I look forward to your prompt response to this matter.

Thank you for your attention to this serious issue.

Sincerely,
[Your Name]

Attachments:

1. Medical Records
2. Photographs
3. Incident Report
4. Other Supporting Documents