

# Personal Injury Claim Submission

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

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

Dear [Claims Adjuster's Name],

I am writing to formally submit my personal injury claim for the traumatic brain injury I sustained on [date of incident] due to [brief description of the incident]. The injury has significantly impacted my daily life, and I am seeking compensation for my medical expenses and related losses.

Enclosed with this letter, please find the following documentation to support my claim:

- Medical records and diagnosis from [Doctor's Name]
- Receipts and invoices for medical treatments
- Evidence of lost wages due to recovery
- Witness statements, if available

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information or clarification regarding my claim.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]