

Personal Injury Claim Submission

Date: **[Insert Date]**

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally submit my personal injury claim related to the workplace accident that occurred on [Insert Accident Date] at [Location of Incident]. During this incident, I sustained injuries [briefly describe injuries] while performing my duties as [Your Job Title].

Due to these injuries, I have experienced [briefly describe impact on life, e.g., lost wages, medical treatments, pain and suffering]. I have attached the necessary documents, including medical records and any other pertinent information, to support my claim.

I kindly request that you review my case and initiate the claims process as soon as possible. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]