

Aviation Accident Liability Claim for Loss of Earnings

Date: [Insert Date]

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

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

Subject: Claim for Loss of Earnings Due to Aviation Accident

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for loss of earnings resulting from the aviation accident that occurred on [Date of Accident], involving [Description of the Incident].

As a result of this (accident/incident), I have suffered significant loss of income due to [brief explanation of how the accident affected your work]. I have been unable to work from [Start Date] to [End Date], leading to a total loss of earnings estimated at [Total Amount].

Attached, please find the supporting documents, including: 1. A copy of my employment contract 2. Recent pay stubs 3. Medical documentation confirming my inability to work 4. Any other relevant information or documentation

I kindly request that you process this claim at your earliest convenience. If you require any additional information or further documentation, please do not hesitate to contact me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]