

# Liability Claim for Medical Expenses

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: Liability Claim for Medical Expenses Related to Aviation Accident - Claim No: [Insert Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally submit a claim for medical expenses incurred as a result of the aviation accident that occurred on [Date of Accident]. As established, I was [Briefly describe your role or involvement in the accident].

Due to the accident, I sustained the following injuries: [List Injuries]. The medical expenses related to my treatment include:

- [Medical Expense 1: Description, Amount]
- [Medical Expense 2: Description, Amount]
- [Medical Expense 3: Description, Amount]

The total amount of medical expenses being claimed is [Total Amount]. I have attached copies of all relevant medical bills, treatment records, and payment receipts for your review.

As per the policy agreement and applicable aviation liability laws, I request reimbursement for these medical expenses. Please process this claim at your earliest convenience. Should you need any further information or documentation, do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]