

Product Liability Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Claim Recipient's Name or "To Whom It May Concern"],

I am writing to formally submit a product liability claim regarding the [specific name of the defective medical device] that I purchased on [purchase date], which was manufactured by [Company Name].

Details of the incident:

- **Device Name:** [Device Name]
- **Model Number:** [Model Number]
- **Purchase Date:** [Purchase Date]
- **Incident Date:** [Date of Incident]

The device has caused me [describe injuries or damages], which I believe are a direct result of the defects present in the product. Enclosed with this letter are copies of all relevant medical records, receipts, and photographs that detail my experience.

I request compensation for my medical expenses, loss of income, and any additional damages incurred as a result of this incident. Please respond to this claim within [insert reasonable timeframe, e.g., 30 days].

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

Sincerely,

[Your Name]