

# Business Insurance Claim Letter

Date: [Insert Date]

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to formally file a claim for business insurance regarding a workplace accident that occurred on [insert date of accident] at [insert location].

Details of the Incident:

- Date of Accident: [Insert Date]
- Time of Accident: [Insert Time]
- Location: [Insert Specific Location]
- Description of Incident: [Brief Description of What Happened]
- Injuries Sustained: [List Any Injuries]
- Witnesses: [List Names and Contact Information if applicable]

We have attached all relevant documents, including:

- Incident Report
- Medical Reports
- Pics of the Scene (if available)
- Witness Statements
- Any Other Supporting Documentation

Please let us know if you require any additional information or documentation to proceed with this claim. We appreciate your prompt attention to this matter, and we look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]