

Personal Injury Insurance Claim Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I am writing to formally submit a personal injury insurance claim regarding an incident that occurred on [Insert Date of Incident]. As a result of this incident, I sustained injuries that have significantly impacted my daily life.

The details of the incident are as follows:

- **Date of Incident:** [Insert Date]
- **Location:** [Insert Location]
- **Description of Incident:** [Briefly describe the incident]
- **Injuries Sustained:** [List injuries]

I have attached all relevant documentation including medical reports, bills, and any other supporting evidence to assist with my claim. I request that you review my case and provide compensation for my medical expenses, lost wages, and other damages incurred due to this incident.

Please feel free to contact me at [Your Phone Number] or [Your Email] should you need any additional information or clarification regarding this claim.

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

Sincerely,

[Your Name]