

Workers' Compensation Claim Letter

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

[Claims Adjuster's Name]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally submit my workers' compensation claim following a workplace accident that occurred on [date of accident] at [location of accident]. I was injured during the course of my employment as a [your job title].

Details of the accident are as follows:

- **Date of Accident:** [Date]
- **Description of Injury:** [Brief description of injury]
- **Witnesses:** [Names of any witnesses]
- **Details of how the accident occurred:** [Description of the incident]

I have attached relevant documents to support my claim, including:

- Medical reports
- Incident report from my employer
- Any witness statements

I request that you process this claim as soon as possible so that I can receive the necessary benefits for my expenses related to this injury. Should you require any additional information, please do not hesitate to contact me via the information provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]