

Personal Injury Claim Submission

Your Name

Your Address
City, State, ZIP Code
Email Address
Phone Number
Date: [Insert Date]

Insurance Company Name

Claims Department
Insurance Company Address
City, State, ZIP Code

Dear Claims Adjuster,

Re: Personal Injury Claim - [Your Claim Number]

I am writing to formally submit my personal injury claim stemming from the incident that occurred on [Date of Incident], where I sustained injuries due to [brief description of incident]. Enclosed, please find all necessary documentation to support my claim, including:

- Medical records and bills
- Police report
- Witness statements
- Photos of the scene or injuries
- Correspondence regarding liability

Please let me know if you require any additional information to process my claim. I look forward to your prompt response to this matter.

Thank you for your attention to this claim.

Sincerely,
[Your Name]