

Personal Injury Claim Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Notification of Personal Injury Claim

Dear [Insurance Adjuster's Name],

I am writing to formally notify you of my intention to file a personal injury claim resulting from an accident that occurred on [Insert Date of Accident] at [Insert Location of Accident].

The details of the incident are as follows:

- Date of Accident: [Insert Date]
- Time of Accident: [Insert Time]
- Description of the Accident: [Brief Summary of What Happened]
- Individuals Involved: [Names of Other Parties Involved]
- Law Enforcement Report Number: [Insert Report Number]

As a result of the accident, I have incurred medical expenses and have experienced pain and suffering. I have attached copies of my medical records and any relevant documentation to support my claim.

I kindly request that you acknowledge receipt of this notification and provide guidance on the next steps in the claims process.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]