

Personal Injury Claim Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurer's Name]

[Insurer's Address]

[City, State, Zip Code]

Dear [Insurer's Contact Name],

I am writing to formally notify you of my personal injury claim resulting from an incident that occurred on [Insert Date of Incident] at [Insert Location of Incident]. As a result of this incident, I sustained injuries which require medical attention and have caused me significant distress.

The details of the incident are as follows:

- Date of Incident: [Insert Date]
- Description of Incident: [Brief Description]
- Injuries Sustained: [List Injuries]
- Medical Treatment: [Description of Treatments and Providers]

I have enclosed copies of all relevant documentation related to my claim, including medical reports and bills, along with any other necessary evidence. I kindly ask that you acknowledge receipt of this notification and provide me with the next steps in the claims process.

Thank you for your prompt attention to this matter. I look forward to your timely response and am hopeful that we can resolve this issue amicably.

Sincerely,

[Your Name]