

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Claim Number: [Insert Claim Number]

Subject: Workers' Compensation Insurance Claim

Dear [Claims Adjuster/Insurance Company Representative's Name],

I am writing to formally submit my workers' compensation insurance claim following an injury that occurred on [date of injury] while I was working at [Company Name].

Details of the Incident:

- Date of Incident: [insert date]
- Time of Incident: [insert time]
- Location of Incident: [insert location]
- Description of Injury: [provide a brief description of the injury]

I have attached the following documents to support my claim:

1. Completed claim form
2. Medical records
3. Incident report
4. Witness statements (if applicable)
5. Any other relevant documentation

Please let me know if you require any further information or additional documentation to process my claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Job Title/Position, if applicable]