

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

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

Subject: Personal Injury Protection (PIP) Claim - Claim Number: [Your Claim Number]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to formally submit my Personal Injury Protection (PIP) claim for the accident that occurred on [Date of Accident].

Details of the Accident:

- Date of Accident: [Date]
- Location of Accident: [Location]
- Description of Incident: [Brief description of how the accident occurred]

As a result of this accident, I have incurred medical expenses and other related costs, which I would like to be reimbursed for under my PIP coverage. Enclosed, you will find copies of the following documents to support my claim:

1. Medical bills and treatment records
2. Accident report
3. Proof of lost wages (if applicable)
4. [Any other relevant documents]

Please let me know if you require any additional information or if there are forms that I need to complete. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Enclosures: [List of enclosed documents]