

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

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

Subject: Initiation of Workers' Compensation Claim

Dear [Claims Adjuster's Name or "To Whom It May Concern"],

I am writing to formally initiate a workers' compensation claim following an accident that occurred on [Date of Accident] while I was employed at [Company Name].

Details of the incident are as follows:

- ****Date and Time of Incident:**** [Date and Time]
- ****Location of Incident:**** [Workplace Location]
- ****Description of Incident:**** [Brief description of what happened]
- ****Injury Sustained:**** [Description of injury]

I have sought medical attention from [Name of Medical Provider] on [Date of Visit] and have attached the medical report along with this letter.

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

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Job Title]

[Employee ID (if applicable)]