

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

[Recipient's Name]
[Company/Insurance Provider's Name]
[Address]
[City, State, Zip Code]

Subject: Workers' Compensation Claim Submission

Dear [Recipient's Name],

I am writing to formally submit my claim for workers' compensation benefits related to an injury I sustained while performing my work duties on [date of injury].

Details of the incident are as follows:

- ****Date of Injury:**** [Date]
- ****Time of Injury:**** [Time]
- ****Location of Injury:**** [Work Location]
- ****Description of Injury:**** [Brief description of the injury and how it occurred]

I have included the following documentation to support my claim:

1. Completed claim form
2. Medical records and treatment documentation
3. Witness statements (if applicable)
4. Incident report

Please confirm receipt of this claim and advise if any additional information is required. I appreciate your prompt attention to this matter and look forward to your response.

Sincerely,

[Your Name]
[Your Job Title/Position]
[Your Employee ID (if applicable)]