

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

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

Subject: Workers' Compensation Claim Request

Dear [Claims Adjuster's Name or "Claims Department"],
I am writing to formally submit my request for workers' compensation for the injury I sustained on [Date of Injury] while at [Location of Injury]. I have completed the necessary documentation and am including the following:

1. A copy of the incident report
2. Medical records detailing my injury
3. Proof of wages lost due to my inability to work
4. Any additional relevant documentation

The details of my injury are as follows: [Brief description of the injury and the circumstances surrounding it]. I have been receiving treatment from [Healthcare Provider's Name] and have been advised to take time off work for recovery.

I kindly ask you to process my claim at your earliest convenience. I am available for any questions or additional information you may require.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Job Title/Position]