

[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 - [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally submit my workers' compensation claim for the incident that occurred on [Date of Incident] while I was employed as [Your Job Title] at [Company Name].

Details of the Incident:

- Date: [Date of Incident]
- Time: [Time of Incident]
- Location: [Location of Incident]
- Description of Incident: [Brief description of what happened]

Injuries Sustained:

- [List of injuries]

I have attached the following documents to support my claim:

1. Medical records
2. Incident report
3. Witness statements
4. [Any other relevant documents]

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [Phone Number] or [Email Address] if you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Job Title]
[Your Employee ID (if applicable)]