

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

Dear [Recipient Name],

Subject: Workers Compensation Claim Submission

I hope this letter finds you well. I am writing to formally submit a workers' compensation claim following an incident that occurred on [date of incident] at [location of incident].

Details of the incident:

- Description of the incident: [Briefly describe what happened]
- Date and time of the incident: [Date and time]
- Witnesses (if any): [List names and contact information]

Injuries sustained:

- [List injuries sustained]

I have sought medical treatment from [Doctor's Name/Hospital] on [Date] and have attached the relevant medical documents and bills for your reference.

Please find enclosed:

- Completed Claim Form
- Medical Reports
- Incident Report
- Other supporting documents

I appreciate your prompt attention to this matter and look forward to your confirmation of receiving this claim. Please do not hesitate to reach out if you need any further information.

Thank you for your assistance.

Sincerely,

[Your Name]  
[Your Job Title]