

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

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

Dear [Recipient's Name],

Subject: Workers Compensation Claim - [Claim Number, if applicable]

I am writing to formally submit a claim for workers compensation related to an injury that occurred on [date of injury] while I was performing my duties as [your job title] at [your employer's name].

[Briefly describe the incident, including what happened, where it happened, and any immediate actions taken.]

As a result of this incident, I have experienced the following injuries and associated medical issues:

- [List injuries or conditions]
- [List any relevant medical treatment received]

To support my claim, I have attached the following documents:

- [List of attached documents, such as medical records, incident report, etc.]

I kindly request that you review my case and assist in processing my claim. If you require any additional information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Job Title, if applicable]
[Your Employer's Name, if applicable]