

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

[Claims Adjuster's Name]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Workers' Compensation Claim Submission - [Claim Number]

Dear [Claims Adjuster's Name],

I hope this letter finds you well. I am writing to formally submit my workers' compensation claim for the injury that occurred on [Date of Injury] while I was working at [Location/Company Name].

Details of the Incident:

- Date of Injury: [Date]
- Time of Incident: [Time]
- Description of Injury: [Brief description of injury]
- Circumstances: [Detailed account of how the injury occurred]

In support of my claim, I have included the following documents:

1. Completed claim form
2. Medical records related to my injury
3. Incident report
4. Witness statements (if applicable)
5. Any additional relevant documentation

I kindly request that you process my claim at your earliest convenience. Should you need any additional information or documentation to facilitate the process, please do not hesitate to contact me.

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

Sincerely,

[Your Name]
[Your Job Title (if applicable)]
[Your Company Name (if applicable)]