

Walkthrough for Filing a Lost Wages Claim

Report the Accident:

- Contact your auto insurance carrier as soon as possible after the accident.
- Provide initial details about the accident.

Open a Lost Wages Claim:

- Inform the insurance representative that you intend to file a claim for lost wages due to the accident.
- Ask for specific instructions and forms required by your insurance carrier for a lost wages claim.

Gather Necessary Documentation:

- Collect all relevant documents that prove your injury, inability to work, and loss of income.
- Prepare a detailed cover letter or claim letter (like the one drafted earlier).

Submit the Claim:

- Send the claim letter along with all supporting documents to your insurance carrier.
- Use certified mail or an equivalent service for tracking purposes.

Follow Up:

- Regularly follow up with the insurance company to check the status of your claim.
- Respond promptly to any requests for additional information.

Review the Response:

- Once you receive a response, review it carefully.
- If the claim is denied or you disagree with the assessment, you may need to consult a legal professional.

Items to Gather/Include:

Personal Information:

- Your contact information.
- Insurance policy number and claim number (if already assigned).
- Accident Details:
- Date and time of the accident.
- Police report or accident report number.

Medical Documentation:

- Medical records relating to the accident.
- Doctor's note specifying the time off needed due to injuries.

Proof of Lost Income:

- Recent pay stubs or wage statements.
- Employer's letter verifying your absence and outlining your salary/wage details.
- Tax returns may also be helpful, especially for self-employed individuals.

Claim Letter:

A detailed letter to the insurance carrier outlining your request for lost wages compensation.

Additional Documentation (if applicable):

- Correspondence with the employer regarding your absence.
- Any other documentation that supports your claim.

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

“CLAIM FOR LOSS WAGES (TEMPLATE)”

[Date]

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

Claim Number: [Your Claim Number, if already assigned]

Date of Accident: [Date of Accident]

Dear [Insurance Company Name] Claims Department,

I am writing to file a claim for lost wages due to an auto accident that occurred on **[Date of Accident]**, for which I have already filed a general claim with your company. As a result of this accident, I sustained injuries that rendered me unable to fulfill my work duties from **[Start Date of Work Absence]** to **[End Date of Work Absence]**.

To support my claim for lost wages, please find the following documents attached:

Police Report: This report provides official documentation of the accident.

Medical Records: These records detail the injuries I sustained in the accident and the necessary treatments I underwent.

Doctor's Note: Included is a note from **[Doctor's Name]**, my treating physician, indicating the necessary time off work due to the accident-related injuries.

Proof of Income: Attached are documents that establish my regular income, including **[pay stubs, tax returns, etc.]**.

Employer's Verification: You will find a letter from my employer, **[Employer's Name]**, verifying my employment, the dates I was absent due to the accident, my regular working hours, and my rate of pay.

I kindly request that these lost wages be considered under my claim, claim number **[Your Claim Number]**. I believe that all necessary documentation has been provided for your review. However,

should you require any additional information or documentation, please do not hesitate to contact me at **[Your Phone Number]** or **[Your Email]**.

To ensure a timely resolution of this matter, I respectfully request a response to this claim within 10 business days of receipt of this letter. I appreciate your prompt attention to this matter and look forward to your swift response.

Thank you for your assistance in processing my claim.

Sincerely,

[Your Name]