

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Adjuster Name]  
[Insurance Company Name]  
[Claim Department Address]

**RE: Itemized Statement of Damages**

**Claim Number:** [Claim Number]

**Date of Loss:** [Date of Accident]

**Insured:** [Name of Insured Party]

Dear [Adjuster Name],

Pursuant to your request for documentation regarding the above-referenced claim, please find enclosed the itemized statement of damages resulting from the accident on [Date of Accident].

The following list outlines the medical expenses and economic losses incurred to date:

- [Medical Provider Name 1]: \$[Amount]
- [Medical Provider Name 2]: \$[Amount]
- [Pharmacy/Medical Supplies]: \$[Amount]
- [Lost Wages - Dates Covered]: \$[Amount]
- [Property Damage/Repair Costs]: \$[Amount]
- [Other Expense Type]: \$[Amount]

**Total Itemized Damages: \$[Total Amount]**

Attached to this letter are copies of the corresponding bills, invoices, and employer verification forms supporting these figures. Please note that treatment is [ongoing/concluded], and I reserve the right to amend this statement should additional expenses arise.

Please review these documents and update the claim file accordingly. I look forward to discussing a fair settlement for this matter once you have processed this information.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List names of attached documents]