Official documentation for insurance claims

Subject: Official Medical Leave Notification - Accident Claim Reference: [Number]

To Whom It May Concern,

I am hereby providing formal notification of my medical leave of absence due to injuries sustained in an accident that occurred on [Date] at [Location]. This letter serves as official documentation for insurance and employment record purposes.

The accident resulted in the following injuries: [detailed medical description]. I am under the care of [Doctor's Name] at [Medical Facility] and have been prescribed the following treatment plan: [treatment details].

My physician has certified that I am unable to perform my regular work duties for a period of [duration], beginning [start date] through [estimated end date]. I will provide medical updates every [frequency] or as required by company policy.

This leave request is being submitted in accordance with [FMLA/Company Policy/Workers' Compensation] guidelines. I have attached all required medical documentation and will submit additional forms as they become available.

Please direct all correspondence regarding this matter to my home address: [Address] or via email at [Email Address]. I can be reached by phone at [Phone Number] for any urgent matters.

I look forward to returning to work as soon as medically cleared by my physician.

Respectfully,

[Your Full Name]

[Employee ID]

[Department]

[Date]