

Slip and Fall Claim

Subject: Premises Liability Claim - Slip and Fall Incident

Dear Store Manager,

On [Date] at approximately [time], I slipped and fell on your premises located at [address]. The fall was caused by [hazardous condition - wet floor, debris, uneven surface, etc.] near [specific location].

As a result of this fall, I sustained injuries including [list injuries]. I required immediate medical attention and have ongoing treatment with [healthcare provider]. My medical expenses to date total \$[amount].

Your store failed to maintain safe premises for customers. The hazardous condition existed for a sufficient time that your staff knew or should have known of the danger and taken corrective action.

I am seeking compensation for my medical expenses, pain and suffering, and lost wages totaling \$[amount]. I have witness statements and photographs documenting the hazardous condition.

Please provide your liability insurance information and forward this claim to your carrier within 10 days.

Sincerely,

[Your Name]

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