

Personal Injury Loss Assessment Document

Section 1: Claimant Information

Full Name	John Doe
Date of Birth	March 10, 1992
Contact Information	1234 Elm Street, City, State, ZIP Phone: (555) 123-4567 Email: johndoe@email.com

Section 2: Incident Overview

Date of Incident	June 1, 2024
Location	Intersection of Main St & 3rd Ave, City
Description	On June 1st, 2024, the claimant was injured in a car accident resulting from another driver's negligence. The claimant sustained injuries including a fractured right arm and minor head trauma.

Section 3: Medical Assessment

Injuries Sustained	<ul style="list-style-type: none">Right arm fractureMinor head traumaMultiple contusions and lacerations
Treatment Provided	<ul style="list-style-type: none">Emergency treatment and hospitalizationArm cast applicationFollow-up physiotherapy (6 sessions)
Current Status	Recovering at home, attending physiotherapy, prognosis positive for full recovery.

Section 4: Financial Loss Assessment

Medical Expenses	\$7,500.00
Loss of Income	\$3,000.00
Other Expenses	Transportation to medical appointments: \$300.00
Total Loss Estimated	\$10,800.00

Section 5: Additional Remarks

The above assessment is based on the available documentation and consultations with the attending physician. All supporting documents and receipts are attached for verification.

Claimant's Signature

Date

__ / __ / 20__

Important Notes:

- This document should include accurate and verifiable information only.
- Supporting evidence such as receipts, photographs, and medical reports strengthen your claim.
- Consultation with legal or insurance professionals is recommended before submission.
- Falsification of information may result in penalties or claim denial.
- Keep copies of all submitted documents for your records.