

Insurance Claim Notification

Date: [Insert Date]

To,

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

Subject: Notification of Demise of the Insured - Policy No. [Insert Policy Number]

Dear Sir/Madam,

I am writing to formally report the demise of the insured, [Insured's Full Name], who passed away on [Date of Demise]. The policy number associated with this insurance is [Insert Policy Number].

The following details are provided for your reference:

- Full Name of Insured: [Insert Insured's Full Name]
- Date of Birth: [Insert Date of Birth]
- Date of Death: [Insert Date of Death]
- Cause of Death: [Insert Cause, if applicable]
- Contact Information: [Your Name, Phone Number, Email]

Please guide me through the necessary steps I need to take to process the claim for the benefits entitled under this policy. I have enclosed a copy of the death certificate along with this letter for your records.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

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