

# Life Insurance Claim Request

Your Name  
Your Address  
City, State, ZIP Code  
Email Address  
Phone Number  
Date: [Insert Date]

Claim Department  
[Insurance Company Name]  
[Company Address]  
City, State, ZIP Code

Dear Claims Adjuster,

I am writing to formally request a claim for the life insurance policy held by [Deceased's Name], who passed away on [Date of Death]. The policy number is [Policy Number].

Enclosed are the necessary documents to process the claim:

- Death Certificate
- Insurance Policy Document
- Proof of Identity
- Claim Form (if applicable)

I kindly request the prompt processing of this claim, as it will provide essential support during this difficult time. Should you require any additional information or documents, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]