

# Accident Benefits Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Request for Accident Benefits**

Dear [Insurance Adjuster's Name],

I am writing to formally request accident benefits following the incident that occurred on [Date of Accident]. My policy number is [Policy Number].

Following the accident, I have incurred several expenses and losses, including medical bills, rehabilitation costs, and lost wages. I have attached relevant documents, including medical reports and receipts, to support my claim.

I would appreciate your prompt attention to this matter and look forward to your response. Please let me know if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]