

Accidental Death Claim Closure

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, Zip Code]

Dear [Claimant's Name],

We are writing to inform you about the status of your claim ([Claim Number]) regarding the accidental death of [Deceased's Name]. After a thorough review of the submitted documents and compliance with our policy requirements, we regret to inform you that your claim has been closed.

The decision was made based on [reason for closure, e.g., insufficient documentation, policy exclusion, etc.]. We understand that this may be a difficult time for you, and we encourage you to reach out to our claims department if you wish to discuss this decision further.

If you have any additional information or documents that you would like us to review, please do not hesitate to submit them for reconsideration. Our team is here to assist you during this challenging time.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Phone Number]

[Email Address]