

Accidental Death Claim Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claim Department]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Accidental Death Claim for [Deceased's Name]

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for accidental death benefits under policy number [Policy Number] for my [relation, e.g., husband, wife, etc.], [Deceased's Name], who passed away on [Date of Death] due to an unfortunate accident.

Enclosed are the necessary documents to support this claim:

- Copy of the Death Certificate
- Accident Report
- Policy Document
- [Any other relevant documents]

Please process this claim at your earliest convenience, and do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]