

Accidental Death Claim Notification

Date: [Insert Date]

To,
Claims Department,
[Insurance Company Name],
[Company Address Line 1],
[Company Address Line 2],
[City, State, Zip Code]

Subject: Notification of Accidental Death Claim

Dear [Claims Adjuster's Name or Relevant Title],

I am writing to formally notify you of a claim for accidental death benefits for the policyholder, [Deceased's Name], who tragically passed away on [Date of Death] due to an accident.

Policy Number: [Insert Policy Number]
Claimant Name: [Your Name]
Relationship to Deceased: [Your Relationship]

The details of the incident are as follows:

- Date and Time of Incident: [Insert Date and Time]
- Location of Incident: [Insert Location]
- Circumstances Surrounding the Incident: [Brief Description]

Enclosed, please find the necessary documents to support this claim, including:

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

I request that you process this claim as soon as possible, and I would appreciate any guidance on additional information required or steps needed to facilitate the claim process.

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

Sincerely,
[Your Name]
[Your Address Line 1]
[Your Address Line 2]
[City, State, Zip Code]

[Your Phone Number]
[Your Email Address]