

Accidental Death Claim Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claim Adjuster's Name or "Claims Department"],

I am writing to formally request the processing of an accidental death claim for the policy of my [relation to deceased], [Deceased's Name], who passed away on [Date of Death] due to [brief description of the accident]. The policy number is [Policy Number].

Enclosed with this letter, you will find the required documents to support this claim:

- Copy of the death certificate
- Accident report
- Policy document
- Any additional required documentation

I appreciate your prompt attention to this matter and look forward to hearing from you soon. Should you require any further information, please feel free to contact me at the phone number or email address listed above.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]