

Accidental Death Claim Submission Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Submission of Accidental Death Claim

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for the accidental death benefits under policy number [Policy Number], following the untimely passing of my [relation to deceased, e.g., husband, sister], [Deceased's Name], on [Date of Death].

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

- Copy of the death certificate
- Accident report
- Policy document
- Any other relevant documentation

I kindly ask that the claim be processed promptly. If you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]