

Accidental Death Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear Claims Adjuster,

I am writing to formally submit a claim for accidental death benefits under the policy #[Policy Number] for my [relationship to deceased], [Deceased Name], who passed away on [Date of Death].

The cause of death was [briefly describe the incident]. I have attached the official death certificate and the police report for your review.

In accordance with the terms of the policy, I kindly request the payment of the death benefits due to the unfortunate circumstances surrounding this event. Please let me know if you require any further documentation or information to process this claim.

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

Sincerely,

[Your Name]

[Your Contact Information]