

Accidental Death Benefit Claim

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Accidental Death Benefit

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

I am writing to formally file a claim for the Accidental Death Benefit under policy number [Your Policy Number], following the tragic passing of my [relation, e.g., spouse, parent], [Deceased's Name], on [Date of Accident].

The incident occurred on [details of the accident], and I have enclosed the necessary documentation, including the death certificate, police report, and any other relevant information to support this claim.

Please process this claim at your earliest convenience, as it will assist in covering the immediate financial needs arising from this loss. Should 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 Name]