

Accident Insurance Benefit Claim for Disability Compensation

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for accident insurance benefits related to my disability following an accident that occurred on [Insert Date of Accident].

Policy Number: [Insert Policy Number]

Claimant's Name: [Insert Your Name]

Details of the Incident:

[Provide a brief description of the accident and resulting injuries]

Enclosed are the necessary documents to support my claim:

- Accident report
- Medical records
- Proof of income loss
- [Any other relevant documents]

I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]