

# Accident Insurance Benefit Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally submit my claim for accident insurance benefits pertaining to medical expenses incurred as a result of an accident that occurred on [Insert Date of Accident]. My policy number is [Insert Policy Number].

Details of the Accident:

- Date of Accident: [Insert Date]
- Location: [Insert Location]
- Description of Accident: [Brief description of how the accident occurred]

As a result of the accident, I sustained injuries that required medical treatment. Please find attached the following documents to support my claim:

- Medical bills and receipts
- Accident report
- Medical records
- Any additional relevant documentation

I request the approval of my claim for reimbursement of these medical expenses as outlined in my policy. If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]