

Accident Insurance Benefit Claim

To:

Claims Department

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Date: [Insert Date]

Dear Claims Adjuster,

I am writing to formally submit a claim for benefits under my accident insurance policy, which was issued by your company. My policy number is [Insert Policy Number].

On [Insert Date of Accident], I suffered a personal injury as a result of [briefly describe the incident]. I have attached copies of relevant documents, including:

- Medical reports and bills
- Police report (if applicable)
- Witness statements
- Photos of the incident

The injuries have resulted in [briefly describe impact, e.g., medical expenses, loss of income, etc.]. I am seeking compensation in accordance with the terms of my policy.

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information or documentation to process my claim.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]