

# Claim for Short-Duration Insurance Benefits

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 a claim for benefits under my short-duration insurance policy (Policy Number: [Insert Policy Number]).

Details of the claim are as follows:

- Claim Type: [Specify Claim Type]
- Date of Incident: [Insert Date]
- Location of Incident: [Insert Location]
- Details of the Incident: [Provide a brief description]

Enclosed, please find the necessary documents to support my claim, including:

- [List of Documents 1]
- [List of Documents 2]
- [List of Documents 3]

I kindly request that my claim be processed as soon as possible. If you require any additional information or documentation, please feel free to contact me at [insert phone number] or [insert email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]