

Personal Accident Insurance Claim Notification

Date: [Insert Date]

To,

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Notification of Personal Accident Insurance Claim

Dear [Recipient's Name],

I am writing to formally notify you of a personal accident claim under my insurance policy number [Insert Policy Number].

On [Insert Date of Accident], I [briefly describe the incident], resulting in [briefly describe injuries and any medical treatment received].

In accordance with the terms of my insurance policy, I am requesting compensation for the medical expenses incurred and any other related costs. Attached are the documents required for processing this claim, including:

- Copy of the incident report
- Medical reports and receipts
- Policy document

Please let me know if you require any further information or documentation to expedite the claim process. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]