

# Accident Insurance Claim Request

Date: [Insert Date]

[Recipient Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a claim for personal accident insurance following an incident that occurred on [insert date of accident]. I am insured under policy number [insert policy number].

On [insert date], I sustained injuries due to [briefly describe the accident]. As a result, I have incurred medical expenses totaling [insert amount] and have experienced loss of income due to my inability to work during my recovery period.

I have attached all the necessary documentation, including:

- Claim Form
- Medical Reports
- Receipts of Expenses
- Proof of Income Loss

I kindly request that my claim be processed at your earliest convenience. If you need any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]