

Claim Submission Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To,

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Subject: Submission of Personal Accident Insurance Claim

Dear [Insurance Representative's Name],

I hope this letter finds you well. I am writing to formally submit a claim for personal accident insurance under policy number [Policy Number].

On [Date of Accident], I was involved in an accident which resulted in [brief description of injuries]. I have attached all necessary documentation, including medical reports, police reports (if applicable), and the claim form completed as per your guidelines.

I kindly request the claim to be processed at the earliest convenience. Should 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]