

Death Benefit Claim for Accidental Death

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Claim for Death Benefit - Policy No. [Your Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally submit a claim for the death benefit under the policy number [Your Policy Number] for the accidental death of [Deceased's Name], who passed away on [Date of Death].

[Deceased's Name] was involved in an accident on [Date of Accident], which resulted in their untimely demise. Enclosed, please find the necessary documentation, including the death certificate, accident report, and any other relevant information required to process this claim.

As per the policy terms, I would like to request the payment of the death benefit at your earliest convenience. If you require any further information or additional documents, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]