

Verification of Accident Claim Eligibility

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify that [Insert Claimant's Name] was involved in an accident on [Insert Date of Accident]. The accident occurred at [Insert Location] and resulted in [brief description of injuries or damages].

Please find the details of the incident as follows:

- Claimant's Full Name: [Insert Name]
- Policy Number: [Insert Policy Number]
- Date of Accident: [Insert Date]
- Location of Accident: [Insert Location]
- Description of Incident: [Insert Incident Description]

This verification is necessary for the processing of [Insert Claimant's Name]'s accident claim. Should you require any further information or documentation, please feel free to contact me at [Insert Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]