

Accident Insurance Claim Submission

Your Name: [Your Name]

Your Address: [Your Address]

Your Phone Number: [Your Phone Number]

Your Email: [Your Email]

Date: [Date]

Insurance Company Name: [Insurance Company]

Insurance Company Address: [Insurance Company Address]

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number]

Dear Claims Adjuster,

I am writing to formally submit a claim for accident insurance coverage following an incident that occurred on [Date of Accident]. The details of the accident are as follows:

Description of the Accident: [Brief description of the accident]

Injuries Sustained: [List of injuries sustained]

Attached Documents: [List of attached documents, e.g., medical reports, police report, photographs]

I believe that my case falls under the terms of my policy, and I would appreciate your prompt attention to this matter. Please let me know if you require any additional information to process my claim.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]