

Health Insurance Accident Notification

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Insured Name: [Insert Insured Name]

Insured Address: [Insert Insured Address]

Dear [Insurance Company Name],

I am writing to formally notify you of an accident involving the insured, [Insert Insured Name], that took place on [Insert Date of Accident]. The details of the incident are as follows:

- **Date of Accident:** [Insert Date]
- **Time of Accident:** [Insert Time]
- **Location of Accident:** [Insert Location]
- **Description of Accident:** [Briefly describe the accident]
- **Injuries Sustained:** [List any injuries]

Please find attached all relevant documents, including the accident report and medical records, for your review.

Thank you for your attention to this matter. If you require any further information, please do not hesitate to contact me at [Insert Your Phone Number] or [Insert Your Email Address].

Sincerely,

[Insert Your Name]

[Insert Your Address]

[Insert Your Phone Number]

[Insert Your Email Address]