

Travel Insurance Claim for Accident-Related Expenses

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Insurance Company Name
Claims Department
Company Address
City, State, Zip Code

Subject: Claim for Accident-Related Expenses

Dear Claims Adjuster,

I am writing to formally submit a claim for reimbursement of accident-related expenses incurred during my recent trip, which occurred from [Start Date] to [End Date]. My policy number is [Your Policy Number].

On [Date of Accident], I was involved in an accident while traveling in [Location]. As a result, I incurred the following expenses:

- Medical expenses: \$[Amount]
- Emergency transportation: \$[Amount]
- Medications: \$[Amount]
- Other related expenses: \$[Amount]

Please find attached copies of the relevant documents, including:

- Medical bills and receipts
- Police report
- Travel itinerary
- Policy details

I appreciate your prompt attention to this matter and look forward to your response. Should you need any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,
[Your Name]