

# Accident Insurance Reimbursement Request Letter

Date: \_\_\_\_\_

To: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Dear Sir/Madam,

I am writing to request reimbursement for medical expenses incurred as a result of an accident that occurred on \_\_\_\_\_. I am covered under the above-mentioned policy.

All relevant documents, including medical reports, receipts, and hospital bills, are attached for your review.

Kindly process my claim for reimbursement at the earliest possible convenience.

Thank you for your attention to this matter.

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Sincerely,

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(Signature)