

Travel Cancellation Refund Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of my travel cancellation refund claim associated with my policy number [Insert Policy Number]. My trip, scheduled for [Insert Travel Dates], was canceled due to [insert reason, e.g., a medical emergency, etc.], which I believe falls under the coverage defined in my travel insurance plan.

After reviewing the policy terms, I found that cancellations resulting from [insert covered reasons] are eligible for a refund. I have attached all relevant documentation, including:

- Copy of my insurance policy
- Proof of travel bookings
- Medical certificates (if applicable)
- Any correspondence regarding the claim

Given the circumstances, I kindly request that my claim be re-evaluated and that a full refund be issued in accordance with my policy coverage. I appreciate your attention to this matter and look forward to resolving it promptly.

Thank you for your understanding.

Sincerely,

[Your Name]