

Appeal for Loan Insurance Settlement Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, ZIP Code]

Dear [Claim Adjuster's Name or "Claims Department"],

I am writing to formally appeal the denial of my loan insurance claim (Claim Number: [Insert Claim Number]) which I received on [Insert Date of Denial]. After reviewing your letter, I believe that my claim was unjustly denied based on the following reasons:

1. [Reason 1 for appeal]
2. [Reason 2 for appeal]
3. [Additional reasons or evidence]

I have attached relevant documentation that supports my appeal, including [mention any attached documents, such as medical reports, proof of incidents, etc.]. I believe this evidence clearly indicates that my claim meets the necessary criteria for settlement.

Thank you for taking the time to reconsider my claim. I hope to resolve this issue promptly and look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]