

# Appeal Letter for Mechanical Breakdown Insurance Benefits

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

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

Dear Claims Adjuster,

I am writing to formally appeal the recent denial of my claim (Claim Number: [Claim Number]) for mechanical breakdown insurance benefits associated with my vehicle, [Vehicle Make, Model, Year]. My claim was denied on [Date of Denial] citing [Reason for Denial]. After reviewing your decision, I believe there has been a misunderstanding regarding the circumstances of my claim.

I have attached additional documentation, including [list any attached documents, e.g., repair estimates, receipts, and any relevant correspondence], which supports my case. According to my policy [Policy Number], I believe the situation falls within the coverage provided for mechanical failures.

I kindly request a thorough review of my claim and reconsideration of the benefits due to me under my policy. I value my relationship with [Insurance Company Name] and hope to resolve this matter amicably.

Thank you for your attention to this appeal. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]