

Appeal for Comprehensive Coverage Claim Review

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear Claims Review Department,

I am writing to formally appeal the decision regarding my recent claim (Claim Number: [Insert Claim Number]) for comprehensive coverage filed on [Insert Date of the claim]. After reviewing the notice of determination received on [Insert Date of Determination], I believe that my claim has been incorrectly denied and I would like to request a comprehensive review.

The details of my claim are as follows:

- Policy Number: [Insert Policy Number]
- Date of Incident: [Insert Date of Incident]
- Type of Damage: [Insert Description of Damage]

According to my understanding of the terms in my policy, I believe that the damages incurred fall well within the coverage limits stipulated in the comprehensive section of my policy.

Enclosed with this letter are the supporting documents that include: [List enclosed documents, e.g., repair estimates, photographs of damages, witness statements].

I kindly ask for a thorough review of my case and reconsideration of your initial determination. Thank you for your attention to this matter. I look forward to your prompt response so we can resolve this issue amicably.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]