

Claim Appeal Letter

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 [Claims Adjuster's Name],

Subject: Appeal for Claim Number [Insert Claim Number]

I am writing to formally appeal the decision regarding my auto insurance claim (Claim Number: [Insert Claim Number]) that was submitted on [Insert Date]. I appreciate the time and effort your team has taken in reviewing my case; however, I believe that the decision to deny my claim was not justified based on the information provided.

Upon reviewing the details of the incident, I submit the following reasons for my appeal:

- [Reason 1: Brief explanation]
- [Reason 2: Brief explanation]
- [Reason 3: Brief explanation]

In support of my appeal, I have attached [list any additional documents/enclosures]. I kindly request your reconsideration of this claim given the new information provided.

Thank you for your attention to this matter. I look forward to your prompt response and the resolution of this claim.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]