

Claim Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Travel Insurance Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my travel insurance claim submitted on [Submission Date] for the policy #[Policy Number]. The claim was denied on the grounds of [Reason for Denial].

However, I believe this decision was made in error due to [Brief Explanation of Your Basis for Appeal, including any relevant facts or supporting documentation]. I have attached [List any documents you are including, such as medical records, receipts, itinerary, etc.] to support my appeal.

Given the circumstances surrounding my claim, I kindly ask for a reconsideration of your decision. I hope you can review the attached documentation and re-evaluate my case.

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

Sincerely,

[Your Name]

[Your Policy Number]