

# Insurance Policy Appeal for Settlement Amount

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

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

Subject: Appeal for Settlement Amount - Policy Number [Insert Policy Number]

Dear Claims Adjuster,

I am writing to formally appeal the settlement amount offered to me regarding my claim under policy number [Insert Policy Number]. I appreciate your efforts in reviewing my claim; however, I believe that the settlement amount does not accurately reflect the damages and losses I have incurred.

According to the terms of my policy, [mention specific policy details that support your case]. I have attached additional documentation and evidence supporting my claim, including [list any relevant documents, such as photos, receipts, medical bills, etc.].

I kindly request a reevaluation of my claim, taking into consideration the attached documents. I trust that you will review my appeal thoroughly and fairly.

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

Sincerely,  
[Your Name]