## **Appeal for Denied Towing Service Reimbursement Claim**

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

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

Dear Claims Adjuster,

I am writing to formally appeal the denial of my reimbursement claim for towing services associated with my recent vehicle incident on [Date of Incident], claim number [Claim Number].

I believe that my claim was denied in error due to [briefly explain reason for denial, e.g., "insufficient documentation" or "policy exclusion"]. I have attached all relevant documents, including the towing receipt, police report, and photographs of the incident, which demonstrate the necessity for the towing services provided.

I kindly request a review of my case, as the towing service was essential due to [explain rationale, e.g., "my car was in a location that posed a safety risk" or "the vehicle was disabled"].

Thank you for your attention to this matter. I look forward to your prompt response and am hopeful for a positive resolution.

Sincerely,

[Your Name]