

Appeal Letter for Denied Accident Benefit Claim

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

[Date]

[Insurance Company's Name]
[Insurance Company's Address]
[City, State, Zip Code]

Subject: Appeal for Denied Accident Benefit Claim - Claim Number [XXXXXXX]

Dear [Insurance Adjuster's Name],

I am writing to formally appeal your decision to deny my claim for accident benefits relating to the incident that occurred on [date of accident]. My claim number is [XXXXXXX]. I was informed of the denial on [date of denial], and I would like to provide additional information that supports my case.

According to the details provided in your denial letter, [insert the reason for denial]. However, I believe that my claim is valid due to [briefly explain your reasons and any supporting evidence, such as medical reports, police reports, etc.].

Enclosed, please find the following documentation for your review:

- [Document 1]
- [Document 2]
- [Document 3]

I kindly request that you review my case and reconsider your decision. I am confident that the evidence I have provided will demonstrate the legitimacy of my claim. Please let me know if you require any additional information.

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

Sincerely,

[Your Name]