

Accidental Death Claim Appeal

[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 Accidental Death Claim - Policy #[Policy Number]

Dear [Claim Adjuster's Name],

I am writing to formally appeal the denial of my accidental death claim pertaining to the unfortunate passing of [Deceased's Name] on [Date of Death]. The claim was filed under policy number [Policy Number] and was denied on [Date of Denial].

Upon reviewing the details of the denial, I believe that the decision was made based on [brief explanation of the reason for denial], which I respectfully contest for the following reasons:

1. [Reason 1]
2. [Reason 2]
3. [Reason 3]

Enclosed with this letter are [list any additional documents, evidence, or information you are providing]. I kindly request that you reconsider my claim based on this new information and give it your prompt attention.

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

Sincerely,

[Your Name]

[Relation to Deceased]