

Appeal Letter for Fraudulent Claim Investigation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Claim Reference Number]

[Recipient's Name]

[Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision made regarding my claim [Claim Reference Number], which was recently denied due to allegations of fraud. I believe this decision was made in error, and I wish to provide further information and clarify the circumstances surrounding my claim.

[Briefly explain the claim findings and your position. Include essential details and evidence to support your appeal.]

I kindly request a thorough review of the evidence I have provided and reconsideration of your decision. I am willing to cooperate fully and provide any additional information necessary to resolve this matter.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]