

# Appeal for Denial of Insurance Claim

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Policy Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

I am writing to formally appeal the denial of my auto insurance claim #[Claim Number], dated [Date of Claim]. I was recently informed that my claim has been denied based on [reason for denial].

After carefully reviewing your explanation, I believe that there has been a misunderstanding regarding the circumstances of my claim. [Provide a brief explanation of your dispute with the denial, citing any relevant facts or policy details].

Enclosed are [list any documents you are including to support your appeal, such as receipts, photos, or witness statements]. I kindly ask that you reconsider my claim in light of this information.

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

Sincerely,

[Your Name]

[Your Phone Number]

[Your Email Address]