

Marine Insurance Claim Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally appeal the decision regarding my marine insurance claim, reference number [Insert Claim Number], submitted on [Insert Submission Date].

Despite providing all necessary documentation, including [list key documents], my claim was denied on [Insert Denial Date] due to [state reason for denial]. I believe this decision warrants reconsideration because [briefly explain your reasoning].

Enclosed are additional documents that support my appeal:

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

I kindly request a thorough review of my case and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]