

# Appeal Letter for Negligence Claim Review

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Claims Review Department  
Insurance Company Name  
Company Address  
City, State, Zip Code

Dear Claims Review Department,

I am writing to formally appeal the decision regarding my negligence claim, Claim Number: [Insert Claim Number]. On [Insert Date of Incident], I suffered [briefly describe the incident] due to negligence on the part of [describe responsible party].

After reviewing the claim denial letter dated [Insert Date of Denial Letter], I believe that the decision requires reassessment based on [mention any new evidence or arguments]. I have enclosed additional documentation that supports my position, including [list any enclosed documents such as medical records, photographs, witness statements, etc.].

I respectfully request that you reconsider my claim based on the provided information. I believe that this evidence demonstrates that [summarize your argument].

Thank you for your attention to this matter. I look forward to your prompt response and a fair reassessment of my claim.

Sincerely,

[Your Name]