

Insurance Claim Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the decision regarding my insurance claim, [Claim Number], which was denied on [Date of Denial]. I believe that my claim was unfairly assessed as lacking in coverage for negligence.

The circumstances surrounding my claim are as follows:

- [Brief description of the incident]
- [Details of any evidence or witness statements]
- [Explanation of the negligence involved]

In light of the above information, I respectfully request a re-evaluation of my claim based on the evidence provided. I believe it clearly demonstrates the grounds for coverage under my policy.

Please find attached supporting documents to assist in the review process:

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

I appreciate your time and attention to this matter and look forward to your prompt response.

Sincerely,

[Your Name]