

Supplementary Information for Negligence Claim Appeal

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Insurance Company Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to provide supplementary information regarding my appeal of the negligence claim, reference number [Insert Claim Number]. I believe that additional context and evidence may shed light on my situation.

Background

On [Insert Date of Incident], I experienced [briefly describe the incident, e.g., a slip and fall at a property], resulting in [briefly describe injuries or damages]. Originally, my claim was denied citing [reason for denial].

Supplementary Information

Since the initial submission, I have gathered further evidence, including:

- [Detail 1: e.g., witness statements]
- [Detail 2: e.g., medical reports]
- [Detail 3: e.g., photographs of the incident location]

Conclusion

I respectfully request that you reconsider my claim based on this supplementary information. I am available for further discussion or clarification at your convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]