

Breach Insurance Claim Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Breach Insurance Claim [Your Claim Number]

Dear [Claims Manager's Name],

I am writing to formally appeal the decision made regarding my recent claim under policy number [Your Policy Number], submitted on [Date of Initial Claim Submission]. The claim was unfortunately denied on [Date of Denial] based on [Reason for Denial].

I believe this denial was made in error for the following reasons:

- [Reason 1: Provide details]
- [Reason 2: Provide details]
- [Additional evidence and support for your claims]

Attached you will find supporting documents including [list documents such as police reports, medical records, photographs, etc.]. I kindly request that you review my appeal and the provided documents to reconsider your initial decision.

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

Sincerely,

[Your Name]