

**[Your Name]**

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

**[Insurance Company Name]**

[Claims Department Address]

[City, State, Zip Code]

**Subject: Appeal of Claim Denial [Claim Number]**

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my claim (Claim Number: [Claim Number]) submitted on [Date of Claim Submission] regarding [brief description of the claim]. I appreciate the time and effort taken to review my claim; however, I believe there may have been an oversight that warrants further consideration.

[Provide a detailed explanation of the reasons you believe the claim should be approved, including any relevant facts, supporting documentation, or references to your policy. Be clear and concise.]

I have enclosed additional documentation that supports my appeal, including [list any supporting documents you are including, such as invoices, photographs, repair estimates, etc.].

Please reconsider my claim in light of this new information. I believe that a fair assessment will lead to the approval of my claim. I am looking forward to your prompt response and the resolution of this matter.

Thank you for your attention to this important issue. Should you need to discuss this matter further, please feel free to contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title, if applicable]

[Your Company Name]