

# Appeal Letter for Mobile Phone Insurance Replacement

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

## **Subject: Appeal for Mobile Phone Insurance Replacement Decision**

Dear [Claims Adjuster's Name],

I am writing to formally appeal the decision made regarding my recent claim (Claim Number: [Claim Number]) for the replacement of my mobile phone under my insurance policy [Policy Number]. I was disappointed to learn that my claim was denied on [Date of Denial], as I believe I have provided sufficient evidence to support my case.

[Briefly explain the circumstances of the claim, including what happened to your phone and the reasons given for the denial.]

I have attached all relevant documentation, including the original claim, police report (if applicable), and any additional evidence that corroborates my account of the incident. I kindly request a reconsideration of my case based on this information.

Thank you for your attention to this matter. I appreciate your time and hope for a favorable resolution. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any more information.

Sincerely,

[Your Name]