

# Personal Accident Insurance Claim Appeal

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

To:  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Subject: Appeal for Personal Accident Insurance Claim - Policy No. [Insert Policy Number]

Dear [Claims Adjuster's Name or Customer Service],

I am writing to formally appeal the denial of my personal accident insurance claim (Claim No. [Insert Claim Number]) submitted on [Insert Claim Submission Date]. I appreciate your efforts in assessing my claim; however, I believe there has been a misunderstanding regarding the details surrounding my case.

[Briefly explain the incident, the reason for the claim, and the basis for your appeal. Include any relevant details or documentation that supports your case.]

I have attached the following documentation in support of my appeal:

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

I kindly request a re-evaluation of my claim. I believe that upon review of the attached documents, you will find sufficient evidence to support my claim. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]