

Auto 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 Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the decision made regarding my auto insurance claim #[Claim Number] filed on [Date of Accident/Claim]. After reviewing the correspondence you sent regarding the denial of my claim, I respectfully disagree with the determination and would like to provide additional information for your consideration.

[Explain the reasons for your appeal, providing any necessary details and evidence. For example: "The decision was based on the assumption that... However, I have attached evidence that shows..."]

Enclosed with this letter, please find the relevant documents including [list any attached documents, like police report, photos, or repair estimates] that support my position.

I appreciate your attention to this matter and hope for a prompt review of my appeal. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or clarification.

Thank you for your consideration.

Sincerely,

[Your Name]