

To Whom It May Concern,

I am writing to formally express my dissatisfaction regarding the denial of my insurance claim for policy number **[Your Policy Number]**. On **[Date of Denial]**, I received a letter stating that my claim had been denied due to **[Reason for Denial]**. I believe this decision is unjust, and I would like to appeal against it.

The details of my claim are as follows:

- Claim Number: **[Your Claim Number]**
- Date of Incident: **[Date of Incident]**
- Type of Claim: **[Type of Claim]**

I have carefully reviewed the terms of my policy, and I am confident that I meet all the necessary criteria to have my claim approved. In support of my appeal, I have enclosed copies of all relevant documents, including **[list any supporting documents]**.

I kindly request a thorough review of my case and a prompt response regarding the status of my appeal. Please feel free to contact me at **[Your Phone Number]** or **[Your Email Address]** should you require any further information.

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

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]
[Date]