

# Disaster Claim Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Claim Number: [Insert Claim Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I am writing to formally appeal the denial of my disaster claim with claim number [Insert Claim Number], submitted on [Insert Submission Date]. After reviewing the denial letter dated [Insert Denial Date], I respectfully disagree with the decision and would like to provide additional information for your consideration.

[Briefly explain the reasons for your appeal, including any new evidence or documentation that supports your claim. Highlight any discrepancies in the denial reasoning or policy interpretation.]

Given the circumstances of the disaster and the impact it has had on my livelihood, I kindly request a re-evaluation of my claim. Enclosed are documents and evidence supporting my case including [list any attached documents like receipts, photographs, or expert statements].

I appreciate your attention to this matter and look forward to a prompt resolution. If needed, I am available at [Your Phone Number] or by email at [Your Email Address] for any further discussion.

Thank you for your understanding.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]