

Supplementary Information Regarding Declined Claim

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Claims Department Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Reference: Claim Number [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to provide supplementary information regarding my claim number [Insert Claim Number], which was recently declined on [Insert Date of Decline]. I believe that the rejection may have been made based on [briefly state reason for decline].

To support my claim, I have included the following information:

- [Detail 1]
- [Detail 2]
- [Detail 3]

I respectfully request that you review the provided information and reconsider the decision regarding my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]