

Insurance Claim Investigation Appeal

Date: [Insert Date]

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

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

Dear [Claim Adjuster's Name],

I am writing to formally appeal the investigation results of my insurance claim #[Claim Number] regarding [Brief Description of the Incident]. I believe that the findings of the investigation do not accurately represent the facts of the case.

According to the information provided in your letter dated [Insert Date], my claim was denied based on [State Reason for Denial]. However, I would like to present additional evidence and arguments that support my claim:

- [Evidence or Argument 1]
- [Evidence or Argument 2]
- [Evidence or Argument 3]

I kindly request that you reconsider the claim in light of this additional information. I am willing to provide any further documentation you may require and am open to discussing this matter at your earliest convenience.

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

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]