

Travel Insurance Claim Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department]

[Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to formally appeal the decision regarding my travel insurance claim [Claim Number], submitted on [Date of Claim Submission]. I appreciate your review of my case but disagree with the denial based on [briefly state reason for denial, e.g., "insufficient documentation" or "pre-existing condition"].

During my trip to [Destination], I encountered [briefly explain incident, e.g., "a medical emergency"], which necessitated my claim. I have attached additional documentation that I believe supports my position, including [list documents, e.g., "medical reports, receipts, and photographs"].

I kindly request a reevaluation of my claim with the information provided. I believe that this evidence demonstrates [state why your claim should be approved].

Thank you for your attention to this matter. I look forward to your prompt response and hope for a satisfactory resolution.

Sincerely,

[Your Name]

[Your Signature if sending a hard copy]