

Travel Insurance Claim Appeal Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the denial of my travel insurance claim associated with policy number [Your Policy Number]. My claim was submitted on [Submission Date] for [Brief Description of the Reason for the Claim] and was denied on [Denial Date] due to [Reason for Denial].

Upon reviewing the denial letter, I believe that [Explain why you believe the denial was incorrect and provide any relevant supporting information or documents].

I kindly request that you reevaluate my claim in light of these new insights and supporting documents, which I have enclosed for your review.

Thank you for your attention to this matter. I look forward to your prompt response and am hopeful for a favorable resolution.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]