

# Insurance Claim Settlement Appeal

**Your Name**

Your Address  
City, State, ZIP Code  
Email Address  
Phone Number

**Date:** [Insert Date]

**Insurance Company Name**

Claims Department  
Company Address  
City, State, ZIP Code

Subject: Appeal for Claim Settlement - Claim Number: [Insert Claim Number]

Dear [Insurance Company Representative's Name],

I am writing to formally appeal the settlement decision for my claim (Claim Number: [Insert Claim Number]) related to [brief description of the incident]. I appreciate the initial review of my case; however, I believe that the settlement amount does not adequately cover my damages and losses.

In your letter dated [Insert Date of Settlement Letter], you stated that [briefly summarize the insurance company's reason for the settlement]. I respectfully disagree with this assessment for the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I have attached relevant documents, including [list any documents such as medical bills, repair estimates, etc. that support your claim]. I kindly request that you review this information and reconsider your initial settlement offer.

Thank you for your attention to this matter. I am hopeful for a prompt response and a fair resolution to my claim. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]