

Appeal for Extended Insurance Claim Submission

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 [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally appeal for an extension regarding the submission of my insurance claim associated with [briefly describe the incident, e.g., an accident, property damage, etc.]. My claim reference number is [insert claim number].

Due to [explain the reasons for the delay, e.g., unforeseen circumstances, necessary documentation, etc.], I am unable to complete my claim submission by the original deadline of [insert original deadline]. I am actively working to gather the required documents and information, but I kindly request an extension to ensure that I can provide a comprehensive claim.

Thank you for considering my request. I appreciate your understanding and support in this matter. Please let me know if you require any further information or documentation from my side.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]