

Insurance Indemnity Appeal Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Appeal for Denied Claim #[Claim Number]

Dear [Insurance Adjuster's Name/Claims Department],

I am writing to formally appeal the denial of my claim #[Claim Number] regarding [brief description of the claim]. On [date of denial], I received a notification stating that my claim was denied due to [briefly state the reason for denial]. I believe this decision was made in error.

In support of my appeal, I have attached the following documents:

- [Document 1]
- [Document 2]
- [Document 3]

As per my understanding of the policy terms, the circumstances of my claim align with the coverage provided. I kindly request that you review my case again, considering the attached documentation and any additional information that may be pertinent.

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

Sincerely,

[Your Name]