

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Denial of Insurance Claim - [Claim Number]

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

I am writing to formally address the denial of my insurance claim, referenced by claim number [Claim Number], regarding my [policy number/type of vehicle] related to the incident that occurred on [date of incident].

I received your letter dated [date of denial letter] stating that my claim was denied due to [specific reason for denial]. After reviewing the details, I would like to contest this decision based on [reason(s) you believe the claim should be approved].

[Include any supporting evidence or documentation that strengthens your case, such as accident reports, photographs, or witness statements.]

I respectfully request that you re-evaluate the circumstances surrounding my claim. I am willing to provide any additional information needed to support my case.

Thank you for your attention to this matter. I look forward to your prompt response and am hopeful for a resolution that is fair and just.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]