

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

[Insurance Company Name]
[Claims Department Address]
[City, State, ZIP Code]

Subject: Appeal for Insurance Claim #[Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],
I hope this letter finds you well. I am writing to formally appeal the decision regarding my insurance claim #[Claim Number], which was submitted on [Date of Claim Submission] for [brief description of the claim, e.g., a car accident involving my Volkswagen vehicle]. I understand that my claim was denied due to [reason for denial]. However, I would like to provide additional information that I believe supports my case. [Briefly explain the additional information or evidence you have, e.g., police reports, witness statements, repair estimates, etc.].

Based on this new information, I kindly request a reconsideration of my claim. I believe that it clearly demonstrates that [explain why you believe the claim should be approved].

Attached to this letter are copies of [list the documents you are including, e.g., additional evidence, previous correspondence, etc.]. I appreciate your attention to this matter and look forward to your prompt response. Should you require any further information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your time and consideration.

Sincerely,

[Your Name]
[Your Policy Number]