

[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 of Denied Auto Insurance Claim [Claim Number]

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

I am writing to formally appeal the denial of my auto insurance claim referenced above, which was submitted on [Date of Original Claim]. I have reviewed the denial letter dated [Date of Denial Letter] and would like to provide additional information for your consideration.

[Briefly explain the reason for the appeal and any supporting evidence you have, such as additional documentation, photos, witness statements, etc.]

I kindly request that you review the enclosed documents and reconsider my claim based on the new information provided. I believe that this evidence demonstrates the validity of my claim and aligns with the terms of my policy.

Thank you for your attention to this matter. I look forward to your prompt response and hope for a favorable resolution.

Sincerely,

[Your Name]

[Policy Number]

[Enclosures: List of documents you are including, if any]