

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

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

Subject: Appeal for Liability Insurance Claim Denial - Policy No. [Your Policy Number]

Dear [Claims Adjuster's Name or "Claims Department"],  
I hope this letter finds you well. I am writing to formally appeal the denial of my liability insurance claim associated with [brief description of the incident, e.g., "the car accident on March 15, 2023"]. My policy number is [Your Policy Number], and the claim number is [Claim Number]. I have reviewed the denial letter dated [Date of Denial Letter], and I believe there may have been some misunderstandings regarding the details of my case. [Briefly explain the reasons you are appealing the decision. Include specific facts or evidence that support your claim, such as witness statements, photos, or police reports.]

I respectfully request a re-evaluation of my claim based on this additional information. I believe that it clearly demonstrates my liability and merits coverage under the terms of my policy. Please find attached all relevant documentation for your review, including [list any attachments, such as additional evidence or witness statements].

I appreciate your prompt attention to this matter and look forward to your response. Should you require any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]