

Auto Insurance Denial Appeal Letter

YOUR INFORMATION:

Name:
Address:
City, State ZIP:
Phone:
Email:
Date:

INSURANCE COMPANY INFORMATION:

Insurance Company Name:
Claims Department Address:
City, State ZIP:

RE: APPEAL OF CLAIM DENIAL

Policy Number:
Claim Number:

TO WHOM IT MAY CONCERN,

I am writing to formally appeal the denial of my auto insurance claim referenced above. I received notice of the denial on

I believe my claim was incorrectly denied due to the following reasons:

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

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I respectfully request that you review my appeal and reconsider the denial of my claim. If additional information or documentation is required, please let me know.

Sincerely,

(Your Name)