

## Template 2: Insurance Claim Reconsideration

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**Subject: Appeal for Reconsideration of Claim #123456**

Dear [Claims Adjuster's Name],

I am writing to formally appeal the recent decision regarding my claim #123456. After a thorough review of the provided documentation and policy terms, I believe that the denial of my claim for [specific reason for the claim] may have been based on an oversight.

Enclosed are additional documents that support my case, including [list any new evidence such as medical reports, mechanic estimates, etc.]. These documents further substantiate the circumstances I outlined in my original claim.

I respectfully request a re-evaluation of my case. I am hopeful for a favorable resolution and am more than willing to provide any further information needed.

Thank you for your time and consideration.

Sincerely,

[Your Full Name]

[Your Policy Number]

[Your Contact Information]