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

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Acknowledgment of Appeal
Claim Number: [Claim Number]
Date of Incident: [Date of Accident]

Dear [Policyholder Name],

We are writing to formally acknowledge receipt of your appeal request dated [Date of Appeal Letter], regarding the settlement decision for the auto accident claim referenced above.

Our Appeals Committee will conduct a comprehensive review of your file, including the new information and documentation you provided. We aim to ensure that all facts have been accurately considered in accordance with your policy terms.

The review process typically takes [Number of Days, e.g., 15 to 30] business days. Once the investigation is complete, we will notify you in writing of our final decision and the reasoning behind it.

If you have any additional evidence or questions in the meantime, please contact your assigned appeals specialist, [Adjuster/Representative Name], at [Phone Number] or via email at [Email Address].

Thank you for your patience during this process.

Sincerely,

[Signature]
[Name of Representative]
[Title]
[Insurance Company Name]