

Dispute Resolution for Insurance Premium Charges

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the unexpected charges reflected in my recent insurance premium statement dated [Insert Statement Date]. Upon reviewing my policy, I noticed a charge of [Insert Amount] that does not align with my current agreement.

According to my understanding, my premium was supposed to be [Insert Expected Amount], based on our agreement dated [Insert Agreement Date]. I kindly request a detailed breakdown of the charges and an explanation for the discrepancy.

If this charge is indeed an error, I would appreciate a prompt correction. Please confirm receipt of this letter and provide a timeline for resolution.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]