

Insurance Claim Adjustment Request

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Claims Adjuster's Name],

I hope this message finds you well. I am writing to formally request a review and adjustment of my insurance claim, reference number [Claim Number], which was submitted on [Submission Date].

Upon reviewing the initial assessment, I believe there are several discrepancies that warrant reconsideration:

- [Discrepancy 1]
- [Discrepancy 2]
- [Discrepancy 3]

Attached are relevant documents, including [list of attached documents], to support my request for an adjustment. I kindly ask that you revisit the details of my claim and consider my submission.

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

Sincerely,

[Your Name]