

Insurance Claim Dispute Resolution

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your Policy Number: [Insert Policy Number]

Insurance Company Name: [Insert Insurance Company Name]

Insurance Company Address: [Insert Insurance Company Address]

Dear [Insurance Company Claim Adjuster's Name],

I am writing to formally dispute the recent denial of my insurance claim (Claim Number: [Insert Claim Number]) submitted on [Insert Submission Date]. I believe the decision made by your company to deny my claim on [Insert Denial Date] was based on [Briefly explain the reason for denial].

According to my understanding, the [Insert relevant policy clause or provision] supports my claim under the circumstances surrounding the incident. [Provide a brief explanation of your situation and any relevant supporting information].

I kindly request a detailed explanation regarding the basis for the denial, and I would appreciate it if you could reconsider my claim based on the information I have provided. Enclosed are copies of all relevant documents including [List documents, e.g., invoices, medical records, photographs].

Thank you for your attention to this matter. I look forward to your prompt response. Please let me know if you require any additional information or documentation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]