

Insurance Claim Complaint Letter

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]

[Date]

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

Subject: Complaint Regarding Denied Insurance Claim - Policy #[Your Policy Number]

Dear [Claims Adjuster's Name],

I am writing to formally contest the denial of my insurance claim (Claim Number: [Your Claim Number]) related to [brief description of claim, e.g., an accident, property damage, etc.]. I received your decision dated [date of denial letter], stating that my claim was denied due to [reason for denial].

After reviewing the details surrounding the incident and your stated reasons for denial, I believe this decision is unjustified. [Include specific reasons and attach supporting documents, if applicable]. I kindly request a thorough review of my claim and the circumstances surrounding it.

Please let me know if you require any additional information or documentation to assist in this matter. I would appreciate your prompt attention to this issue, as I rely on this insurance coverage for my [state the impact of denial, e.g., financial security, health needs, etc.].

Thank you for your assistance. I look forward to your prompt response.

Sincerely,
[Your Full Name]