

# Insurance Claim Complaint

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name or Customer Service Department],

I am writing to formally express my dissatisfaction regarding the assessment of my recent insurance claim (Claim Number: [Insert Claim Number]). The assessment conducted on [Insert Date of Assessment] does not accurately reflect the circumstances and details associated with my claim.

Despite providing all required documentation and evidence, the decision made seems inconsistent with the policy coverage and the facts presented. Specifically, I believe [briefly explain the incorrect aspects of the assessment].

I kindly request a reevaluation of my claim and a detailed explanation of the assessment process that was followed. I appreciate your prompt attention to this matter and look forward to a fair resolution.

Thank you for your assistance.

Sincerely,

[Your Name]