

# Insurance Claim Complaint Letter

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]

## **Subject: Complaint Regarding Policy Coverage Dispute - Policy Number [Your Policy Number]**

Dear [Insurance Company Representative's Name],

I am writing to formally express my dissatisfaction and to lodge a complaint regarding the recent decision made by [Insurance Company Name] regarding my insurance claim for policy number [Your Policy Number].

On [Date of Claim Submission], I submitted a claim for [briefly describe the nature of the claim]. I was surprised to receive your letter dated [Date of the Insurance Company's Response], indicating that my claim was denied due to [specific reason for denial].

Upon reviewing my policy details, I believe that this decision is erroneous as I have maintained coverage for [mention specific coverage related to your claim]. Furthermore, [provide any additional arguments or supporting evidence you have].

I kindly request a thorough review of my claim and the related documentation. Attached are copies of all relevant documents supporting my position.

I look forward to your prompt response to this matter. Please contact me at [your phone number] or [your email address] should you require any further information.

Thank you for your attention to this issue.

Sincerely,

[Your Name]