

Insurance Claim Complaint Letter

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

Date: [Insert Date]

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

Subject: Complaint Regarding Underpayment of Claim #[Claim Number]

Dear Claims Department,

I am writing to formally lodge a complaint regarding the underpayment of my claim #[Claim Number], which was submitted on [Insert Submission Date]. I appreciate the prompt response to my initial claim; however, the amount disbursed does not adequately cover the expenses incurred as per the policy terms.

Upon reviewing the claim settlement details, I noticed discrepancies in the assessment of damages and the calculation of benefits. Based on my records, I expected a higher compensation amount in light of [briefly list reasons, e.g., actual repair costs, medical bills, etc.].

I kindly request that you review my claim again and provide a detailed explanation for the discrepancies. Please find attached relevant documents, including [list attached documents, e.g., invoices, repair estimates, etc.], to support my position.

I look forward to your prompt attention to this matter and a fair resolution to my claim. Please contact me at your earliest convenience to discuss this issue further.

Thank you for your cooperation.

Sincerely,
[Your Name]