

# Objection Letter Against Unapproved Insurance Transaction

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally object to the insurance transaction associated with policy number [Policy Number] that was processed on [Transaction Date]. I believe that this transaction was conducted without my approval and does not reflect my consent or understanding of the terms involved.

According to my records, I had not authorized this transaction, nor did I receive any prior notification regarding its execution. I would appreciate a detailed explanation of how this transaction was initiated and processed, as well as the steps you will take to rectify this matter immediately.

Furthermore, I request that any unauthorized charges related to this transaction be reversed promptly.

I look forward to your swift response to this matter. Should you require any further information to assist in resolving this issue, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this urgent matter.

Sincerely,

[Your Name]