

# Dispute of Insurance Claim Settlement

Date: [Insert Date]

To,  
[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Policy Number: [Insert Policy Number]  
Claim Number: [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the settlement amount proposed for my liability coverage claim under policy number [Insert Policy Number]. The claim was initiated on [Insert Claim Date] regarding [brief description of the incident].

After reviewing the settlement offer of [Insert Amount], I believe this amount does not accurately reflect the damages incurred and is not in line with the coverage provided by my policy. I have attached documentation supporting my position, including [list of attached documents such as repair estimates, medical bills, etc.].

I request that this claim be reevaluated in light of the information provided. I am confident that an updated analysis will result in a more favorable settlement that aligns with my policy terms.

Thank you for your attention to this matter. I look forward to your prompt response. Please feel free to contact me at [Insert Your Phone Number] or [Insert Your Email] should you require any further information.

Sincerely,  
[Your Name]  
[Your Address]  
[City, State, Zip Code]