

# Dispute Letter for Insurance Claim Settlement

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

**Subject: Dispute of Insurance Claim Settlement for Policy #[Policy Number]**

Dear [Claims Adjuster's Name],

I am writing to formally dispute the settlement decision made regarding my claim for life insurance policy #[Policy Number], submitted on [Date of Claim Submission]. The claim was denied/settled at an amount of [Amount], which I believe to be incorrect based on the policy provisions.

Upon reviewing the details of my claim and the insurance policy, I would like to point out the following:

- [Point of dispute or supporting evidence 1]
- [Point of dispute or supporting evidence 2]
- [Point of dispute or supporting evidence 3]

In light of this information, I request a reassessment of my claim and a detailed explanation of the grounds for the original decision.

Please find attached all relevant documents supporting my dispute for your review. I look forward to your prompt response to resolve this matter amicably.

Thank you for your attention to this matter.

Sincerely,

[Your Name]