

Feedback Dispute Letter

Your Name: [Your Name]

Your Address: [Your Address]

Email: [Your Email]

Phone Number: [Your Phone Number]

Date: [Current Date]

Insurance Company Name: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Dispute of Negative Assessment - Policy #[Policy Number]

Dear [Insurance Company Representative],

I am writing to formally dispute the negative assessment received regarding my claim under policy number [Policy Number]. I was disappointed to learn about the outcome as it does not align with the details and evidence provided.

Upon review of the assessment, I believe that the following aspects warrant reconsideration:

- [Point 1: Specific detail related to your claim]
- [Point 2: Evidence or documentation you possess]
- [Point 3: Any witness statements or additional information]

Given this new evidence, I kindly request that my claim be reassessed. I believe that a thorough review will lead to a fair resolution. Please let me know if additional information is needed from my end.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]