

Claim Dispute Letter

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date: [Insert Date]

Insurance Company Name

Claims Department
Insurance Company Address
City, State, Zip Code

Subject: Dispute of Claim Denial - Policy Number [Insert Policy Number]

Dear Claims Adjuster,

I am writing to formally dispute the denial of my claim under policy number [Insert Policy Number] regarding the vehicle accident that occurred on [Insert Accident Date]. The claim was denied on [Insert Denial Date] and I believe this decision to be incorrect based on the facts surrounding the incident.

According to the information provided in your denial letter, the following reasons were cited: [List reasons for denial]. However, I would like to present the following evidence to support my claim: [List evidence or information that counters the denial].

I kindly request a reevaluation of my claim in light of the enclosed documentation, which includes [List any attached documents such as police reports, photos, or witness statements].

I appreciate your prompt attention to this matter and look forward to your response within 15 business days. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your understanding.

Sincerely,
[Your Name]