

Dispute Letter for Comprehensive Coverage Claim Denial

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Claims Department Address]

[City, State, ZIP Code]

Re: Dispute of Claim Denial - Policy #[Policy Number]

Dear [Claim Adjuster's Name or Claims Department],

I am writing to formally dispute the denial of my comprehensive coverage claim, reference number [Claim Number], which was submitted on [Date of Claim Submission]. I received a notice of denial dated [Date of Denial] detailing that the claim was denied for [brief reason provided by the insurance company]. I respectfully disagree with this decision.

According to the terms of my policy, I believe that the circumstances surrounding my claim [briefly explain circumstances] are clearly covered under the terms of my comprehensive coverage. Enclosed you will find [list any supporting documents you are including, such as photographs, repair estimates, or witness statements] that I believe demonstrate that my claim should be approved.

I would like to request a thorough review of my case based on the information provided. I believe that upon reviewing the evidence, you will find that my claim meets the criteria for coverage under my policy.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or clarification regarding this matter. I hope for a prompt and fair resolution to this dispute.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]