

Insurance Claim Payment Review

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department Address]

[City, State, Zip Code]

Dear [Claims Adjuster/Insurance Company Name],

Re: Claim Number [Insert Claim Number]

I am writing to request a review of the payment related to my recent insurance claim, submitted on [Insert Submission Date]. I appreciate the timely response, but I have some concerns regarding the payment amount issued.

According to my policy and the claim details, the amount paid does not appear to cover the full extent of the damages incurred. [You may include a brief description of the claim and the reasons for your concern.]

Enclosed, please find documentation that supports my request for a review, including [list any relevant documents, such as repair estimates, photographs, etc.].

I would greatly appreciate it if you could take the time to review my claim again. Please let me know if you require any additional information from my side.

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

Sincerely,

[Your Name]