

# Insurance Claim Denial Explanation

Date: [Insert Date]

Claim Number: [Insert Claim Number]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder's Name],

We are writing to inform you of the decision regarding your recent insurance claim submitted on [Insert Submission Date]. After a thorough review of your claim and the corresponding policy terms, we regret to inform you that your claim has been denied.

The reason for this denial is as follows:

- [Reason 1: e.g., Policy exclusion]
- [Reason 2: e.g., Lack of coverage]
- [Reason 3: e.g., Claim submitted after the deadline]

We understand that this decision may be disappointing. Should you have any further questions regarding your claim or if you would like to discuss this matter in detail, please do not hesitate to contact our claims department at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]