

# Insurance Claim Settlement Reconsideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally request a reconsideration of the settlement decision regarding my claim #[Claim Number], dated [Claim Date]. I appreciate your prompt attention to my claim, but I believe that there are additional details and documents that warrant a review of the settlement amount.

After reviewing the settlement offer of [Offered Amount], I have gathered further evidence that supports my position, including:

- [Detail 1: Description of evidence or argument]
- [Detail 2: Description of evidence or argument]
- [Detail 3: Description of evidence or argument]

Enclosed are copies of the relevant documents that reinforce my claim and illustrate the discrepancies in the initial assessment.

I kindly request that you reassess my claim based on this new information. I value my relationship with [Insurance Company Name] and hope for an amicable resolution.

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

Sincerely,

[Your Name]