

Dispute Resolution Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute Resolution Regarding Insurance Claim #[Insert Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally address the ongoing dispute regarding the liability assessment of my insurance claim #[Insert Claim Number], submitted on [Insert Claim Date]. I believe there has been a misunderstanding concerning the facts of the case, as well as the terms of my coverage under the policy.

According to [reference specific policy terms or conditions], I believe my claim has been unjustly denied. I would like to request a thorough review of the evidence, including [list supporting documents or evidence]. Furthermore, I would like to propose an alternative dispute resolution method, such as mediation or arbitration, to resolve this matter amicably.

Please let me know your availability for a discussion regarding this dispute. I look forward to your prompt response so we can collaboratively find a resolution.

Thank you for your attention to this matter.

Sincerely,

[Your Name]