

Letter of Appeal for Insurance Amount Adjustment

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 [Insurance Adjuster's Name or Title],

I am writing to formally appeal the adjustment made to my insurance claim (Claim Number: [Insert Claim Number]). After reviewing the details of the claim and the subsequent amount awarded, I believe that the total amount does not accurately reflect the damages incurred.

Despite providing thorough documentation, including [list any relevant documentation, e.g., photos, receipts], the amount adjusted is insufficient to cover my losses. I kindly request a reassessment of my claim and the supporting evidence.

I appreciate your attention to this matter and look forward to a prompt response.

Sincerely,

[Your Name]