

Letter of Objection to Negligence Claim Denial

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Claims Department
Insurer's Name
Insurer's Address
City, State, Zip Code

Subject: Objection to Claim Denial - Claim Number: [Insert Claim Number]

Dear Claims Department,

I am writing to formally object to the denial of my negligence claim dated [insert date of claim]. I believe that the decision to deny my claim is unwarranted based on the circumstances and evidence provided.

According to your letter dated [insert date of denial letter], the basis for denial was [insert reason given by insurer]. However, I would like to present the following points for your reconsideration:

- [Point 1: Provide evidence or argument that challenges the denial]
- [Point 2: Include any additional evidence or documentation]
- [Point 3: Mention pertinent laws or policy clauses that support your claim]

I kindly request a thorough review of the evidence provided and reconsideration of the claim denial. I am willing to provide any further information or documentation necessary to facilitate this process.

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

Sincerely,

[Your Name]