

Request for Reconsideration

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

[Insurance Company Name] [Insurance Company Address] [City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally request a reconsideration of my recent negligence insurance claim, reference number [Claim Number], which was denied on [Date of Denial]. I believe that the denial was made based on [brief reason for denial], and I would like to provide further information and context for your review.

In my initial claim, I provided evidence of [briefly describe evidence or information submitted]. Since the denial, I have gathered additional documentation that I believe supports my case, including [list additional evidence or documentation].

I appreciate the complexity of evaluating claims and I kindly request that you review the additional information provided. I believe this evidence clearly demonstrates the validity of my claim. I am hopeful that upon review, you will reconsider the decision made regarding my claim.

Thank you for your time and attention to this matter. I look forward to your prompt reply.

Sincerely,

[Your Name]