

Notification of Insurance Claim Refusal

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State ZIP Code]

Dear [Insured's Name],

We regret to inform you that your claim for insurance policy number [Insert Policy Number] has been reviewed, and we are unable to approve your claim due to [specific reason for refusal].

Details of the claim submitted:

- Claim Number: [Insert Claim Number]
- Date of Loss: [Insert Date of Loss]
- Claim Amount: [Insert Claim Amount]

If you have any questions or require further clarification, please feel free to contact our claims department at [Insert Contact Information]. Additionally, you have the right to appeal this decision. Instructions for the appeal process are included in your policy agreement.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]