

Insurance Claim Rejection Notice

Date: [Insert Date]

Claim Number: [Insert Claim Number]

Policyholder Name: [Insert Policyholder Name]

Address: [Insert Address]

Dear [Policyholder Name],

We regret to inform you that your recent insurance claim (Claim Number: [Insert Claim Number]) has been reviewed and unfortunately, it has been rejected. The reasons for this decision are as follows:

- [Reason for Rejection 1]
- [Reason for Rejection 2]
- [Any additional reasons]

If you have any further documentation or information that you believe may affect the outcome of your claim, please feel free to submit it for our review. You have the right to appeal this decision, and we encourage you to reach out to us at [Insert Contact Information] if you have any questions or wish to discuss this matter further.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]