

Auto Insurance Claim Disagreement

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Disagreement Regarding Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision regarding my auto insurance claim, number [Claim Number], which was submitted on [Claim Submission Date]. After reviewing the details of your correspondence dated [Date of Their Letter], I have several concerns regarding the assessment of my claim.

[Explain the specific reasons for your disagreement, including any supporting evidence, documents, or details that counter the insurance company's assessment.]

Given the information provided, I respectfully request a reevaluation of my claim. I believe the circumstances warrant a reconsideration, as I have [mention any specific points that strengthen your case].

Please let me know the next steps in addressing this disagreement. I would like to resolve this matter amicably and in a timely manner.

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

Sincerely,

[Your Name]