

# Insurance Underpayment Dispute Letter

[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 or Customer Service],

I am writing to formally dispute the underpayment on my insurance claim #[Claim Number], which was submitted on [Date of Claim Submission]. Upon reviewing the settlement offer dated [Date of Settlement Offer], I believe that the amount provided does not accurately reflect the true cost of the damages incurred.

According to my policy, [Briefly explain the relevant coverage and terms]. I have attached documentation that supports my claim, including:

- [List Document 1]
- [List Document 2]
- [List Document 3]

I request that you review this information and reconsider the settlement amount. I believe that once you take all aspects into account, a higher amount should be approved.

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

Sincerely,

[Your Name]