

Accident Claim Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To:

[Adjuster's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Adjuster's Name],

I am writing to formally request an adjustment to my accident claim #[Claim Number] regarding the incident that occurred on [Date of Accident] at [Location of Accident].

After reviewing the details of the claim and the liability determination, I believe there are valid reasons to dispute the findings. [Briefly explain your reasons for disputing the liability. Mention any new evidence or facts, if applicable.]

As a result, I request a reevaluation of the liability assessment associated with my claim. I would appreciate your attention to this matter and look forward to a prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]