

Travel Insurance Claim Denial Dispute

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Travel Insurance Claim Denial - Claim Number [Insert Claim Number]

Dear [Insurance Company Representative's Name or Claims Department],

I am writing to formally dispute the denial of my travel insurance claim (Claim Number: [Insert Claim Number]) dated [Insert Date of Denial]. I received your notification on [Insert Date of Notification] stating that my claim was denied due to [briefly state the reason for denial].

I believe this decision is unjustified based on the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

To support my claim, I have attached relevant documentation including [list the documents attached, e.g., receipts, medical records, travel itineraries, etc.]. I kindly request that you review this information and reconsider your decision.

If necessary, I would appreciate the opportunity to discuss this matter further. You can reach me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]