Insurance Payout Clarification Request

[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],

I am writing to seek clarification regarding the payout associated with my insurance claim, reference number [Claim Number]. I appreciate the efforts made by your team thus far; however, I have some concerns regarding the amount issued.

Specifically, I would like to understand the basis for the calculation and any deductions made in the process. It would be immensely helpful if you could provide a detailed breakdown of the payout components.

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

Sincerely,

[Your Name]