

# Request for Explanation of Claim Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally request an explanation regarding the denial of my recent vehicle insurance claim, reference number [Claim Number], submitted on [Submission Date]. I have reviewed the denial notification dated [Denial Date] and would like to understand the specific reasons behind this decision.

As a policyholder, it is important for me to comprehend how the assessment was made and if there are any additional details or documentation needed to support my claim. I believe that my claim should be reconsidered based on [briefly state grounds for reconsideration, if applicable].

Please provide me with a detailed explanation of the denial and the criteria used in the evaluation process. I appreciate your prompt attention to this matter and look forward to your timely response.

Thank you for your assistance.

Sincerely,

[Your Name]