

Complaint Regarding Accident Claim Handling

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company or Claims Adjuster Name],

I am writing to formally complain about the handling of my accident claim, associated with policy number [Your Policy Number] and claim number [Your Claim Number]. I was involved in an accident on [Date of Accident], and I have encountered several issues with the claim processing.

Firstly, [describe the first issue, e.g., delays in response, insufficient communication]. Secondly, [describe any other issues, e.g., lack of clarity in documentation requests or unsatisfactory assessment of damages]. These problems have caused significant frustration and have affected my ability to resolve this matter promptly.

I believe that I am entitled to a swift and fair resolution, as per the terms of my policy. I kindly request a thorough review of my claim and an update on its status at your earliest convenience.

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

Sincerely,

[Your Name]