

Insurance Claim Dispute Resolution

Sender's Name: [Your Name]

Sender's Address: [Your Address]

Sender's Phone: [Your Phone Number]

Sender's Email: [Your Email]

Date: [Date]

Recipient's Name: [Insurance Company Name]

Recipient's Address: [Insurance Company Address]

Subject: Dispute Resolution for Claim #[Claim Number]

Dear [Recipient's Name],

I am writing to formally dispute the decision regarding my auto accident insurance claim, number [Claim Number], which was filed on [Date of Claim]. I believe that the assessment of the claim and the subsequent settlement offer do not reflect the facts and circumstances of the incident.

On [Date of Accident], I was involved in an accident caused by [brief description of the accident]. I have provided all necessary documentation, including police reports, medical records, and repair estimates, which support my claim for coverage.

However, I was recently informed that my claim was denied/partially settled on [Date of Denial/Settlement]. The reasons given were [describe reasons]. I respectfully disagree with this assessment for the following reasons:

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

Considering the evidence presented, I kindly request a reevaluation of my claim. Please inform me of any further steps I need to take for this dispute resolution process. I appreciate your prompt attention to this matter and look forward to your response by [Response Deadline].

Thank you for your attention to this issue.

Sincerely,

[Your Name]

[Your Policy Number]