Insurance Claim Dispute Resolution

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Dispute Resolution for Claim Number [Insert Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally dispute the decision made regarding my liability claim (Claim Number: [Insert Claim Number]), which was submitted on [Insert Date of Claim Submission].

Despite providing all required documentation, I was notified on [Insert Date of Notification] that my claim was denied due to [Insert Reason for Denial]. I believe this decision may have been made without proper consideration of the evidence, including [Briefly Outline Key Points/Evidence Supporting Your Claim].

I respectfully request a review of my claim, specifically addressing the reasons for denial mentioned. I have attached additional supporting documents that I believe will clarify and strengthen my case.

Thank you for your attention to this matter. I look forward to your prompt reply to resolve this dispute efficiently.

Sincerely,

[Your Name]

Attachments: [List of Attachments]