

Insurance Claim Dispute Resolution

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your City, State, Zip: [Insert City, State, Zip]

Policy Number: [Insert Policy Number]

[Insurance Company Name]

[Insurance Company Address]

[Insurance Company City, State, Zip]

Dear [Adjuster's Name or Claims Department],

I am writing to formally dispute the handling of my personal injury claim associated with [brief description of the incident, e.g., "the car accident on January 1, 2023"]. My claim number is [Insert Claim Number].

Despite providing all necessary documentation and evidence, I have not received a satisfactory resolution. Specifically, I disagree with [insert specific points of dispute, e.g., "the assessment of my medical expenses" or "the compensation amount offered"].

I request a thorough review of my claim and an explanation of the basis for your decision. Attached are copies of all relevant documents that support my position.

Please contact me at [Insert Your Phone Number] or [Insert Your Email] to discuss this matter further. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]