

Insurance Claim Dispute Resolution

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]

Re: Claim Number [Insert Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision made regarding my insurance claim (Claim Number: [Insert Claim Number]) for property damage that occurred on [Insert Date of Incident]. After reviewing the assessment and the offer provided by your company, I believe the amount offered does not adequately cover the damages incurred.

Details of the dispute are as follows:

- **Date of Incident:** [Insert Date]
- **Description of Damages:** [Insert Description]
- **Claim Amount Requested:** [Insert Amount]
- **Amount Offered by Insurer:** [Insert Amount]
- **Reason for Dispute:** [Detailed Reason]

I have enclosed supporting documents, including [list any documents, such as photos, estimates, repairs invoices, etc.], which I believe substantiate my claim for a higher amount.

I request a thorough review of my case and a reconsideration of the settlement amount. I look forward to your prompt response and resolution of this matter.

Thank you for your attention to this important issue.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]