

Insurance Claim Dispute Resolution

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Policy Number: [Insert Policy Number]

Email: [Insert Your Email]

Phone Number: [Insert Your Phone Number]

To:

[Insurance Company's Name]

[Insurance Company's Address]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision regarding my recent travel insurance claim (Claim Number: [Insert Claim Number]), submitted on [Insert Submission Date].

After reviewing the claim denial letter dated [Insert Denial Date], I would like to provide additional information that may not have been considered during the initial review process. [Briefly explain your reasons for disputing the claim, reference specific documents, and include any supporting evidence.]

Attached are copies of [list attached documents, e.g., receipts, medical reports, correspondence] for your review.

I kindly request that this matter be re-evaluated and hope to resolve this dispute amicably. Please confirm receipt of this letter and inform me of the next steps in the resolution process.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]