

# Insurance Claim Adjustment Objection

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

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

Subject: Objection to Claim Adjustment - Claim Number: [Your Claim Number]

Dear Claims Adjuster,

I am writing to formally object to the adjustment made on my insurance claim (Claim Number: [Your Claim Number]), as detailed in the letter dated [Date of Adjustment Letter]. I believe the adjustment does not accurately reflect the damage sustained or adhere to the terms of my policy.

Specifically, I would like to address the following points:

- [Point 1: Detail your first objection]
- [Point 2: Detail your second objection]
- [Point 3: Detail your third objection]

I have attached supporting documentation including [list attachments, e.g., receipts, photographs, repair estimates] that further substantiate my position.

I kindly request a thorough review of my claim and an adjustment that accurately reflects the damages incurred. Please respond to my objection within [timeframe, e.g., 30 days] so we can resolve this matter promptly.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]