

# Insurance Claim Reassessment Request

**[Your Name]**

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

**[Insurance Company Name]**

[Claims Department Address]

[City, State, ZIP Code]

Subject: Request for Reassessment of Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I hope this message finds you well. I am writing to formally request a reassessment of my insurance claim #[Claim Number] submitted on [Date of Initial Submission]. I appreciate the efforts made by your team, but I believe there are specific details that need further review and consideration.

After carefully reviewing the claim decision dated [Date of Decision], I would like to bring to your attention [briefly state the reasons for reassessment, e.g., provide new evidence, clarify information, etc.].

Enclosed with this letter are [list of documents or evidence included]. I kindly ask that you reevaluate my claim based on this additional information.

Thank you for your attention to this matter. I look forward to your prompt response and hope for a resolution that reflects the true nature of my claim.

Sincerely,

[Your Name]