

Auto Insurance Claim Dispute Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Dispute of Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the denial of my auto insurance claim, referenced above. The incident occurred on [Date of Incident], and I submitted my claim on [Date of Claim Submission].

After reviewing your denial letter dated [Date of Denial Letter], I believe that my claim was unjustly denied for the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

According to my policy [Policy Number], I am entitled to coverage under the circumstances surrounding my claim. Enclosed are supporting documents that clarify my position, including [list of attached documents such as police reports, photographs, receipts, etc.].

I respectfully request a reevaluation of my claim and a prompt response to this dispute. I am hopeful for a fair resolution. Please contact me at your earliest convenience to discuss this matter further.

Thank you for your attention to this issue.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]