

# Insurance Claim Settlement Dispute

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

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

Dear Claims Adjuster,

I am writing to formally dispute the settlement amount offered in connection with my claim (Claim Number: [insert claim number]) for [briefly describe the incident, e.g., "the accident that occurred on [date]."]

After reviewing the details of my case, I believe that the offered amount of [insert amount] does not accurately reflect the damages and losses incurred. I have attached relevant documents, including [list any supporting documents, such as medical bills, repair estimates, etc.], which substantiate my position.

I respectfully request a review of my claim and an adjustment of the settlement amount based on the evidence provided. I am confident that a reevaluation will demonstrate the need for a higher settlement to cover my damages.

Please contact me at your earliest convenience to discuss this matter further. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]