

Insurance Policy Dispute Resolution

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Dispute Resolution for Insurance Policy #[Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally dispute the decision regarding my insurance policy #[Policy Number], issued on [Policy Issue Date]. I believe that my claim has not been handled in accordance with the terms outlined in the policy.

Details of the Dispute:

- **Date of Incident:** [Insert Date]
- **Description of Claim:** [Brief description of the claim]
- **Claim Number:** [Insert Claim Number]

Despite my previous communication on [Previous Communication Date], I have not received an adequate resolution. I kindly ask that my case be reviewed again in light of the following points:

1. [Point 1]
2. [Point 2]
3. [Point 3]

I am keen to resolve this matter amicably and hope to hear back from you by [insert deadline, e.g., two weeks from the date of this letter]. If we are unable to come to a resolution, I may need to escalate my complaint to the relevant regulatory body.

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

Sincerely,

[Your Name]