

Insurance Claim Dispute Letter

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 of Insurance Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the handling of my auto accident claim (Claim #[Claim Number]) related to the incident that occurred on [Date of Accident].

My claim was [denied/settled for a low amount] on [Date], and I believe this decision was made based on [reason for dispute, e.g., incomplete information, misinterpretation of facts]. I am enclosing the necessary documents that provide evidence to support my position.

In light of the information provided, I kindly request a re-evaluation of my claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your time.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]