

Insurance Claim Dispute Letter

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

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

Subject: Dispute of Personal Injury Claim No. [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision made regarding my personal injury claim numbered [Claim Number], submitted on [Date of Claim Submission]. I believe that the assessment of my claim does not accurately reflect the circumstances of my injury and the impacts it has had on my life.

In your letter dated [Date of Response from Insurance Company], you stated that [briefly describe the decision or reason provided by the insurer]. After careful review, I believe this decision is not justified based on the following reasons:

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

Please find attached supporting documents, including [list out any documents such as medical records, bills, witness statements] which I believe will assist in the reconsideration of my claim.

I kindly request a thorough review of my case and a re-evaluation of the compensation amount related to my injuries. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding.

Sincerely,
[Your Name]