

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 Insurance Claim #[Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision made regarding my insurance claim #[Claim Number], filed on [Date of Claim]. The claim pertains to property damage sustained on [Date of Incident] at my property located at [Property Address].

Despite providing all necessary documentation and evidence, I was informed that my claim was [briefly describe the decision - e.g., denied, partially paid, etc.]. I believe this decision does not accurately reflect the circumstances of the incident and the terms of my policy.

Enclosed with this letter are copies of [list documents you are enclosing, e.g., photographs, repair estimates, etc.] that support my position. I kindly request a re-evaluation of my claim based on this additional information.

Thank you for your attention to this matter. I look forward to your prompt response so we can resolve this dispute amicably.

Sincerely,

[Your Name]

[Policy Number]