

# Insurance Claim Dispute for Relocation Expenses

[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 for Relocation Expenses - Claim #[Your Claim Number]

Dear [Adjuster's Name or Claims Department],

I am writing to formally dispute the decision regarding my insurance claim for relocation expenses, submitted on [Date of Claim Submission]. My claim number is #[Your Claim Number].

Upon reviewing the response I received on [Date of Response], I believe that the determination made does not accurately reflect the terms of my policy or the incurred expenses associated with my relocation.

Specifically, the items in dispute include:

- [Description of Expense 1] - Amount: [Amount]
- [Description of Expense 2] - Amount: [Amount]
- [Description of Expense 3] - Amount: [Amount]

Attached are copies of relevant documents, including receipts and correspondence, which support my claim for these expenses.

I kindly request a detailed review of my case and a reconsideration of the claim amount based on the documentation provided. I look forward to your prompt response to resolve this matter satisfactorily.

Thank you for your attention to this dispute.

Sincerely,

[Your Name]

[Your Policy Number]