

# Insurance Policy Dispute Resolution Letter

**From:**

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

**To:**

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

Subject: Dispute of Insurance Policy Claim - Policy Number [Your Policy Number]

Dear [Insurance Company Contact Name],

I am writing to formally dispute the resolution of my claim associated with the above-referenced policy number. I believe that the decision regarding my claim is not in accordance with the terms of my insurance policy.

Details of the Dispute:

- **Claim Number:** [Your Claim Number]
- **Date of Incident:** [Date of Incident]
- **Type of Claim:** [Type of Claim]

I would appreciate a re-evaluation of my claim based on the following reasons:

1. [First reason for dispute]
2. [Second reason for dispute]
3. [Third reason for dispute]

Attached are all relevant documents and correspondence that support my case. I hope we can resolve this matter amicably and look forward to your prompt response.

Thank you for your attention to this important issue.

Sincerely,  
[Your Name]