

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

[Claims Department Name]
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Dispute of Claim [Your Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally dispute the decision regarding my claim, which was submitted on [Date of Claim Submission] for [brief description of the claim]. My claim number is [Your Claim Number].

I respectfully request a review of the decision based on the following grounds:

1. [Briefly state your first reason or piece of evidence for the dispute]
2. [Briefly state your second reason or piece of evidence for the dispute]
3. [Add additional reasons or evidence as necessary]

I have attached [any relevant documents, photographs, witness statements, etc.] to support my claim.

I appreciate your attention to this matter and look forward to your prompt response. Please contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]