

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

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

Re: Demand for Claim Review - Policy Number: [Your Policy Number]
Claim Number: [Your Claim Number]

Dear [Insurance Adjuster's Name or Claims Department],

I am writing to formally dispute the handling of my insurance claim referenced above. After reviewing your correspondence dated [Insert Date of Correspondence], I respectfully disagree with the decision to [describe specific issue - e.g., deny, underpay, delay payment, etc.]. [Briefly explain the circumstances of the claim, including dates, events, and any pertinent details that support your position. Attach any relevant documentation, such as copies of policy, photographs, repair estimates, medical records, etc.]

Based on the coverage outlined in my policy, I believe that I am entitled to [explain what you are seeking - full payment, adjustment of payment amount, etc.].

I request a thorough review of my claim and a reconsideration of your decision. I would appreciate a response by [insert a specific date, typically 30 days from the date of this letter]. If I do not receive a satisfactory resolution, I will consider further actions, including seeking legal advice.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]