

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Claims Department]  
[Company Address]  
[City, State, Zip Code]

Subject: Request for Claim Reconsideration

Dear [Claims Adjuster's Name],

I hope this message finds you well. I am writing to formally request a reconsideration of the claim I submitted on [date of claim submission], with the claim number [claim number].

Details of the Claim:

- Policy Number: [policy number]
- Date of Incident: [date of incident]
- Description of Loss: [brief description of the incident and the loss incurred]

Upon reviewing the decision communicated to me on [date of decision notification], I believe there are additional considerations that were not taken into account. Specifically, [briefly outline the reasons for your request, including any supporting evidence or documentation].

I have attached the following documents to support my request:

1. [List any attached documents, e.g., photographs, receipts, medical records, etc.]
2. [Additional documentation, if any]

I kindly ask you to revisit my claim with this new information. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your help.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]