

# Grievance Letter To Insurance Company

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**Customer Service Department**

ABC Insurance Company

123 Main Avenue

Oakwood, CA 90211

Dear Sir/Madam,

**Subject: Formal Grievance Regarding Claim Denial – Policy Number [Your Policy Number]**

I am writing to formally raise a grievance concerning the recent denial of my claim under policy number [Your Policy Number]. Despite meeting all the required criteria and submitting all necessary documentation, my claim was denied without a clear and satisfactory explanation. I believe this decision is unjust and inconsistent with the terms of my policy.

**Details of the Grievance:**

**1. Claim Information:**

- **Claim Number:** [Your Claim Number]
- **Date of Incident:** [Date of the Incident]
- **Type of Claim:** [Type of Claim, e.g., Medical, Property Damage, etc.]

## **2. Reason for the Grievance:**

- On [Date of Claim Submission], I submitted a claim for [briefly describe the nature of your claim, e.g., medical expenses, property damage, etc.]. I provided all required documents, including [list any key documents, e.g., medical reports, receipts, police reports, etc.], as per the policy requirements.
- On [Date of Denial], I received a letter from your company stating that my claim had been denied. The reason provided was [state the reason given by the insurance company], which I believe does not accurately reflect the facts of my case or the coverage outlined in my policy.

## **3. Impact of the Denial:**

- The denial of this claim has placed me in a difficult financial situation. I have incurred significant expenses due to [briefly describe the financial impact, e.g., medical bills, property repairs, etc.], which I expected would be covered under my policy.
- I believe that this decision contradicts the terms of my policy and fails to acknowledge the validity of my claim.

## **4. Request for Reconsideration:**

- I respectfully request that you reconsider the decision to deny my claim. I would appreciate a thorough review of all the documentation provided and a re-evaluation of my claim based on the actual policy coverage.
- Additionally, I request a detailed explanation of the grounds for denial if the decision is upheld, including specific references to the policy terms that justify the denial.

## **Previous Communication:**

- On [Date], I contacted your customer service department to discuss the denial of my claim, but the explanation provided was unsatisfactory and did not address my concerns. I have attached copies of all relevant correspondence for your reference.

**Desired Outcome:**

- I request that my claim be approved and processed without further delay. If this is not possible, I expect a clear, detailed explanation of the decision and the specific policy terms that led to this outcome.
- If this issue is not resolved satisfactorily, I will consider escalating my grievance to the relevant regulatory authorities.

I trust that this matter will be handled with the urgency and fairness it deserves. I look forward to your prompt response.

Thank you for your attention to this serious matter.

Yours sincerely,

**Sarah Mitchell**

[Your Contact Information]