

## Letter to insurer raising a dispute

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[Insert date]

[Name of insurer]

[Address of insurer]

Dear Manager

**Insurance type: Comprehensive motor vehicle insurance**

**Claim number: [insert claim number]**

I refer to the above claim.

I wish to raise a dispute for the following reasons: [list reasons]

- The amount offered to settle my claim is insufficient.
- I dispute the excess applied to my claim.

In support of my concerns above, I have attached the following evidence: [insert evidence]

- 1.
- 2.

In order to resolve this dispute, I request that you:

- Review the excess claimed;
- Reconsider the amount of money that has been offered to me in order to settle this claim.

Please respond in writing within 14 days of the date of this letter.

Yours faithfully

[Signature]

[Name]

[Address]