

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Re: Partial Denial of Rental Reimbursement Claim**

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Loss]

Dear [Policyholder Name],

We have completed the review of your request for rental car reimbursement regarding the above-referenced claim. This letter serves to inform you of a partial denial of your reimbursement request and to explain your policy coverage.

**Payment Summary:**

- Total Amount Requested: \$[Amount]
- Total Amount Approved: \$[Amount]
- **Difference/Denied Amount: \$[Amount]**

**Reason for Partial Denial:**

Under your current auto insurance policy, your Rental Reimbursement coverage is subject to a daily limit and a maximum per-occurrence limit. Your policy limits are as follows:

- Daily Limit: \$[Daily Limit Amount]
- Maximum Limit: [Total Days or Total Dollar Cap]

The partial denial is based on the following: [Insert specific reason, e.g., The daily rate of the rental vehicle exceeded your \$30.00 daily limit / The rental period exceeded the maximum allowable days under the policy].

**Coverage Language:**

As stated in your Policy Agreement under Section [Section Number/Title]: *"[Insert relevant verbatim quote from policy regarding limits]."*

We have issued a payment in the amount of \$[Approved Amount] to [Payee Name]. If you have already paid the rental agency, this check is for your reimbursement.

If you have any questions or provide additional documentation for our consideration, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Adjuster Name]

[Title]

[Insurance Company Name]