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

[Date]

[Name of Insurance Company]
[Name of Claims or Privacy Department]
[Company Address]
[Company City, State, Zip Code]

RE: Request to Amend Insurance Records - Policy/Claim Number: [Your Number]

Dear [Privacy Officer or Name of Representative],

I am writing to formally request an amendment to my personal information maintained in your files, pursuant to my rights under the Fair Credit Reporting Act (FCRA) and applicable state insurance privacy laws.

Upon reviewing my records, I have identified information that I believe is inaccurate, incomplete, or irrelevant. Specifically, I am requesting the following changes:

- **Description of Information to be Amended:** [Clearly describe the specific entry, report, or data point you wish to change]
- **Reason for Amendment:** [Explain why the current information is incorrect, e.g., "The accident date listed is wrong" or "This claim does not belong to me"]
- **Correct Information:** [Provide the accurate information that should replace the current entry]

I have enclosed copies of the following documents to support this request: [List documents, such as police reports, medical records, or previous correspondence].

Please notify me in writing within [30 days, or applicable legal timeframe] once these corrections have been made. If you choose not to make the requested amendment, please provide a written explanation of the refusal and instructions on how I may file a concise statement of dispute to be included in my file.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]