

# Confirmation of Insurance Payment

Dear [Recipient's Name],

We are writing to confirm the receipt of your insurance payment. Please find attached the payment record for your reference.

Details of the payment are as follows:

- **Policy Number:** [Policy Number]
- **Payment Amount:** [Payment Amount]
- **Payment Date:** [Payment Date]
- **Transaction Reference:** [Transaction Reference]

If you have any questions or require further assistance, please do not hesitate to contact us.

Thank you for your prompt payment.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]

Attached: Payment\_Record.pdf