

Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my mechanical breakdown insurance policy, policy number [Policy Number], effective immediately.

Due to [brief reason for cancellation, e.g., vehicle sale, change in coverage needs], I no longer require this insurance. Please confirm the cancellation and advise if there are any further steps I need to undertake.

Thank you for your assistance. I look forward to receiving confirmation of the cancellation.

Sincerely,

[Your Name]