Premium Refund Approval

Date: [Insert Date]

To,

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about the approval of your premium refund request related to the claim denial for the policy number [Insert Policy Number]. After reviewing your case thoroughly, we acknowledge your situation and would like to provide you with the necessary reimbursement.

The total amount of the premium refund is [Insert Refund Amount]. This amount will be processed and sent to you via [Insert Method of Refund] within [Insert Time Frame]. Please allow additional time for processing through your bank or financial institution.

We appreciate your understanding regarding the claim denial and assure you that your ongoing business is valued. If you have any questions or require further assistance, feel free to contact our customer service team at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Position]
[Company Name]
[Company Address]