Claim Withdrawal Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the withdrawal of my claim (Claim Number: [Insert Claim Number]) submitted on [Insert Submission Date]. After careful consideration, I have decided to withdraw this claim for personal reasons.

Please confirm the reception of this letter and the withdrawal of my claim at your earliest convenience. If you need any further information or documentation regarding this matter, feel free to contact me at the number or email provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]