

Claim Withdrawal Statement

Date: [Insert Date]

[Your Name]

[Your Address][City, State, Zip Code]

[Email Address][Phone Number]

[Recipient's Name]

[Recipient's Title][Company/Organization Name]

[Company Address][City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally withdraw my claim submitted on [insert date of claim submission] regarding [briefly describe the claim].

After careful consideration, I have decided to retract my claim for personal reasons.

Please confirm the withdrawal of my claim at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

[Your Name]