

# Premium Arrears Resolution Notice

Date: [Insert Date]

Policyholder: [Policyholder Name]

Policy Number: [Policy Number]

Address: [Policyholder Address]

Dear [Policyholder Name],

We hope this message finds you well. We are writing to inform you about your current premium arrears associated with your insurance policy (Policy Number: [Policy Number]). As of today, we have not received your premium payment due on [Due Date].

Outstanding Amount: [Insert Amount]

To avoid any lapse in your coverage, we kindly request that you settle the outstanding dues by [new due date]. If you have already made this payment, please disregard this notice.

If you are experiencing financial difficulties or have any questions about your payment options, do not hesitate to reach out to us. We are here to assist you and work towards a resolution that suits your needs.

Thank you for your attention to this matter. We appreciate your cooperation.

Sincerely,

[Your Company Name]

[Your Company Contact Information]