

Insurance Premium Refund Claim Due to Double Payment

To,
The Claims Department,
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Date: [Insert Date]

Subject: Request for Refund of Insurance Premium Due to Double Payment

Dear Sir/Madam,

I am writing to formally request a refund of my insurance premium that was inadvertently paid twice for the policy number [Insert Policy Number].

Details of the payments made are as follows:

- Payment 1: [Date], Amount: [Amount], Transaction ID: [Transaction ID]
- Payment 2: [Date], Amount: [Amount], Transaction ID: [Transaction ID]

Upon reviewing my bank statements, I noticed that both payments were processed successfully. I kindly request your assistance in processing a refund for the duplicate payment.

Please let me know if you require any further information or documentation to facilitate the process. I can be reached at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,
[Your Name]
[Your Address]
[City, State, ZIP Code]
[Your Policy Number]